

Counseling Services Program: Assessment, Evaluation and Analysis - Year Eight - Steinhatchee -

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INTRODUCTION and CONTENT

The following information is a compilation of data from the counseling services program that operated out of a Taylor County (Florida) District school during one contract service year (the academic calendar of the school). The 2012-2013 evaluation period marks the eighth year for the programs operation as an onsite mental health service delivery model, partnered with a host organization. The school counseling services program has been [evaluated for each year of operation](#), since its initial year of service delivery in the school setting, beginning with the 2005-2006 academic year, working with this and other districts.

The overall program structure, protocol (case notes, progress notes, administrative documentations, consultation services, onsite provider requisite compilation of indicators for efficacy, and the intervention as applied for and within a multi-level client system), is well established, and duplicated. The delivery protocol, the systemic breakdown of the “client-system” and its stakeholders (youth, families, teachers, administrators, districts, and by extension the larger community), with the program mechanism, methods and modality are highlighted in the [program proposal and protocol of the school counseling services program](#). The proposal document is modified each year, while maintaining integral successful program components of all prior years (in this and in other host organization onsite programs); minimal proposal enhancements are added or more clearly articulated, to further the treatment efficacy goals.

The program proposal, as it has been modified from its origin in 2005, continues to capture the basic and original cornerstone elements of successful intervention indicators for all years of evaluation; to date program modifications (including larger scale changes such as altering the direct service provider and implementing the program in different districts) reveal a generally stable finding, as does this evaluation document. Program efficacy originally was set at a rate of 80 – 90 percent in all areas evaluated; those goals proved to be too high in some years, and ultimately unrealistic. Some outcomes are not recorded in certain years. While most program areas did/do meet the 80-90% goal threshold, some program indicators do/did not. The rationale for these variations are:

- 1) one year the evaluation indicators were not collected by the onsite program thus an evaluation was not completed (a year where a new provider was added),
- 2) in another year the full summary was not generated, even as the raw data has been released and published on the TalkifUwant.com website (mostly a time management variable that year),
- 3) in some years, one onsite program performed very well while another onsite program did not,
- 4) in other years the evaluations were inherently erroneous due to the “Christmas tree effect” of respondents, and
- 5) anytime there is/was a very low return rate, for example with data gathered via surveys, findings are potentially suspect in reliability or validity (some population sizes are a valid consideration here too).

Evaluation limitations are addressed in all years where a full summary (similar to this document) have been and are generated. With this 2012-2013 report, a meta-analysis summary is suggested to further advance (or counter) the individual year program findings, using statistical measures and psychometrics (something the author and program developer is not sufficiently trained to perform). Regardless, when compared to the annual evaluation of data and/or the data analyses summaries from year to year (a total of nine different evaluation data analyses have occurred among this and other onsite programs) where each data summary (or data sets when a summary was not generated) suggests program efficacy. Onsite counseling services delivery, using the model described here and elsewhere in the program protocol consultative document, is effective and efficient in nearly every area assessed (at rates that

generally are 70% or greater in all assessed areas). Each assessed area is highlighted in the following pages.

As it relates to school counseling services, grade fluctuations of the clients have been a central evaluation area to indicate program performance; the nature of a school-counseling program, would reasonably highlight academic performance as a key program consideration (and, of course, it would not be the only goal, given mental health therapists are not also teachers). Grades, as one assessed area for program efficacy, have varied at a rate that is less than 70% in some of the years evaluated. Still, more youth grades show improvement and/or remain constant – when compared with those whose grades drop, in each school where a population of clients is/was being served (comparing two different grading periods per student, per year, and across different onsite programs). It is noteworthy to mention too, that while the onsite providers have changed, and the schools where the providers have assisted host organizations vary, program outcomes have largely remained constant. Sixty-two percent (62%) of those students served (and whose grades could be evaluated) in the program this year (2012-2013) show grade improvement/or no declines where 38% show a decline (comparing all classes in time one to all classes in time two). Some students' grades could be not evaluated due to attrition from the program. Another evaluation finding is clinical improvement. Clinically more youth show mental health improvement than those who show clinical decline; in 2012-2013 the improvement is overall at 62%. It is likely coincidence that 62% show grade stability/improvements and that 62% show clinical mental health improvements however, the correlation is noteworthy (see charts/graphs beginning on page five for full breakdown of these – and other numbers).

This assessment also considers other areas of functioning in its interpretation of efficacy. Using Global Assessment of Functioning conversion scores (see the Counselor Rating Index), a clinician interpretation of progress is included. Further, teacher evaluations are factored into efficacy considerations, as are student exit interviews. Lastly, costs are included in the multi-variate data that is gathered each year, to indicate other aspects of program efficacy.

This data analysis and interpretation represents a multivariate compilation of information, obtained from multiple informants including youth interviews, administrative and school personnel surveys, onsite counselor ratings, and other self-administered / clinician administered evaluations facilitated by the direct service provider. Data was also obtained from independent sources such as academic records, attendance records, weekly progress reports, and report cards. The data is compiled/input/summarized by the program administrator and office personnel while the onsite provider, using existing program protocol, gathers the data.

While this program evaluation, and all prior years referenced, includes (and specifically acknowledges) various limitations throughout, it is generally known that program evaluation for onsite school counseling services seldom occurs. Except for general accountability checklists (for example a verification of time in, time out, costs, and numbers served), most (if not all) other school counseling programs are not evaluated annually; public / private schools seldom require outcome evaluations and funding is seldom included to cover costs of an often time consuming task. Even as the social technology literature and even as academic instruction in the social helping professions almost universally encourage/recommend evidence-based practice – documents such as this one are scarcely available. This onsite school counseling services program, with structural basic interventions built in including standard and routine data gathering and reporting outlined in the program protocol every year since its inception in 2005, provides this (and other) evaluation summaries to effect credible measurement.

The mentioned program proposal and the program evaluation findings here (and elsewhere) are the basis on which the program was/is designed, developed, implemented, and evaluated for various school districts who contract with LaRose. The program's implementation is enabled by district board approval and funding each year. The program protocol, as written and as the operational delivery services forms are established, is considered proprietary, limited by contractual terms between LaRose, host organizations, sub-contractors, and contracted consultative parties using the implementation model. The overall program protocol includes specific limitations to proprietorship, given the broad and public

knowledge base, as program aspects are common to those in the mental health profession and as there are exceptions in this particular model as whole.

The program was/is designed, developed, and implemented by [Kurt LaRose, MSW, LCSW](#) who was the direct service provider for the school counseling services program (from 2005 – 2009). In the 2009-2010 academic year of the program's existence, a second/different licensed mental health provider was added to the program. The additional provider added a second tier of service delivery to the program model, separating the roles of 1) program supervision, evaluation, contracting, and protocol management from that of 2) the direct service client/therapist deliverables. In the years since inception, the protocol has been an instrumental mechanism where program integrity and the measured indicators of efficacy, are established, and then measured.

Even as this particular evaluation document marks a eighth year for overall program implementation, this evaluation period marks the fourth year where the added licensed mental health professional onsite has worked at the Steinhatchee School. The additional onsite provider responsible for the delivery of counseling each week at the school has been at Steinhatchee School one day a week, for four of the eight years in the programs history.

The differences between the two providers can be seen in the disciplines from which both were/are trained/operate and the difference can be seen in their client-therapist approaches. While these variations were hypothesized to have an effect on program outcomes, the analyses do not support the supposition (with the exception of one year where missing data limited the ability of a full evaluation to be completed, thus the comparative findings cannot actually be articulated as successful or as unsuccessful). The program developer and the onsite provider realize that the professional partnership, collaboration, monthly/weekly consultations, and mutual review of case files appear to improve clinical input and output for/in/with the program. Additional information about the onsite provider for this reporting period is located elsewhere in this evaluation summary.

Onsite school counseling program service delivery, is somewhat in flux from year to year due to funding uncertainties, making this evaluation record (and the others like it) informative as a funding consideration. Evidence based practice as indicated here, may not be a statistical certainty (see implications and limitations as noted); no program can claim such evidence, however.

That the school counseling program is evaluated year after year, even where funding does not support the task of evaluation labor (a huge undertaking every year) this program is one of the few that does so, and it does so comprehensively. Evaluation of counseling services is purported as a professional cornerstone in evidenced based practice, thus, this ongoing evaluation is argued to contribute to the overall knowledge base, with specific successful considerations. When comparing the onsite counseling services program proposal and evaluation to other service delivery models, any evaluation mechanism may add credibility to the programs intent to meet goals. In the US such evaluation data, particularly in a school counseling program services model, is sparsely available (if at all).

Training is an aspect that is useful in the evaluation of the program as well, given that many providers focus greatly on direct service tasks. As more and more professionals are coached and trained in the use of key elements that support (or refute) objective interpretations, services are likely to only improve in the outcomes they claim to achieve.

Mental health counseling in the school setting, using protocol that is consistently applied and evaluated, involving duplicated implementation in different districts, with different direct service providers - support the annual program evaluations as valuable in not only assessing each year, but in overall program integrity and success. At the close of the annual program evaluation period currently the school counseling services program has been evaluated/will be evaluated a total of nine times.

This report, while it is for one program and one year, adds to the knowledge base in that there are now multiple years of service provision. Multiple years sets the stage for a much larger evaluative

interpretation. Next, comparing multiple program years, school to school, year to year, indicator to indicator, is now a possibility in yet another and expanded evaluative effort.

The author of this report created the survey instrumentation that was used for this analysis (two limitations readers may consider in their interpretations), while the exit interview questionnaires for the youth mirror those that were first developed and designed by the Florida State University Multidisciplinary Center. The "FSU multicenter" is an organization with which LaRose previously worked, first as a graduate intern and then as a part-time counselor. The service delivery mechanism for the school counseling services program, as it is assessed here could not have been developed without the concepts and models being used by the professionals at FSU at that time (in 2004-2005; see acknowledgement section for more information).

Survey instruments designed by LaRose have not been evaluated to establish psychometric properties; the instruments are generally identified in the analyses that follow (and the analyses of prior years. The instruments used for program protocol, implementation, and evaluation can also be viewed in the annual proposal documents(s), either as submitted to each district each year, or as noted elsewhere in this summary. This summary is for one academic year, one district, and one onsite counselor.

The structure and organization of this assessment is divided into six general categories:

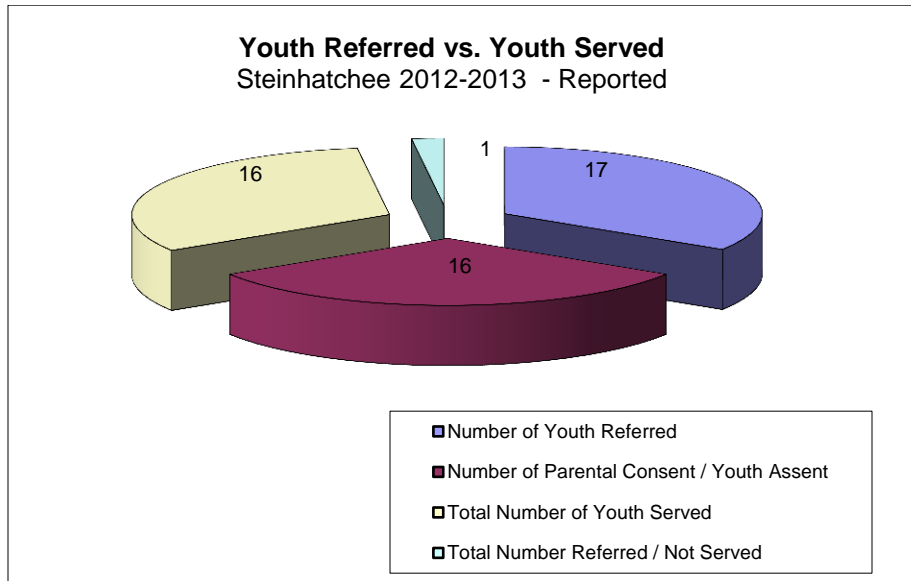
- It begins first, with a discussion of *independent data sources*, such as demographics, program census information, and youth attendance and absence documentation from the school and from the counseling program records of attendance. Grade reports are compared at time one (the first nine week grading period) and time two (the third nine week grading period).
- Second, the analysis reviews surveys of the *school personnel* with an extrapolation of the information that was provided by the respondents who participated with, and returned, surveys.
- Third, the analysis discusses *youth exit interviews*, comparing and contrasting the strengths and weaknesses of counseling services from the client centered perspective.
- In the fourth segment of the analysis a brief scoring by the onsite counselor who assisted the youth for the academic year is provided looking at issues of "clinical significance" comparing *pre and post intervention variables based upon levels/rankings of psycho-social functioning*.
- Part five of this analysis compares the actual *cost of contract services with non-contract fees in private practice settings*; cost savings are noted, as realized.
- And finally, part six of the analysis, *program evaluation summary*, discusses the overall implications of the finding(s), and some of the limitations of the program evaluation in general. The part six summary includes how this (and other) analysis could be expanded in a meta-analysis statistical interpretation, program publishing limitations, a gratuitous expression for the knowledgebase that makes a comprehensive service delivery model possible, funding sources, professional and personal affiliations, collaborations, and contact information, website links, and other indirectly related information.

Information in five of the six sections (here, excluding the summary section) is generally explained using pie charts and graphs created after the raw data was transposed from original source documents and entered into spreadsheets. Each graph and pie chart includes a brief explanation that ends with transitional statements to lead the reader from one segment of the analysis to the next.

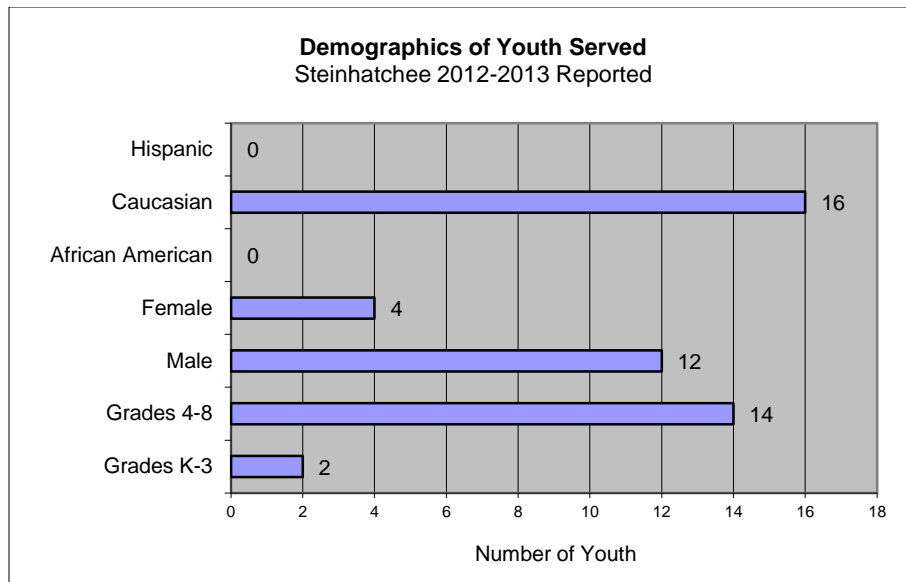
The pie charts and graphs can be separately and holistically viewed in the manner they are presented and organized in this report. Stand-alone data sets are telling, just as the conglomerate of the data sets may be as well. Either way, there is value in the ecological connectivity of one graph and chart to the next, both for evaluation purposes and for fluidity in reading the report.

[CHARTS AND GRAPHS BEGIN ON THE NEXT PAGE]

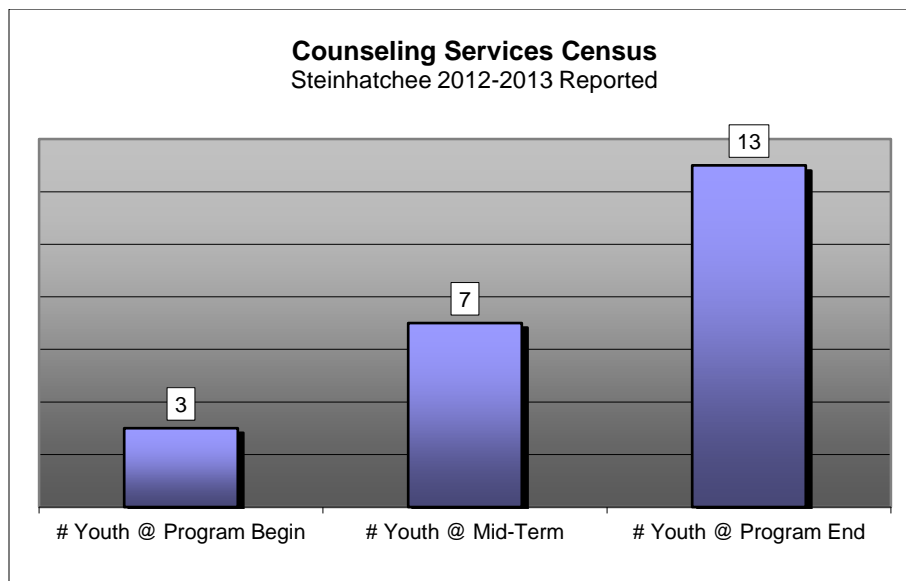
PART I INDEPENDENT PROGRAM STATISTICS



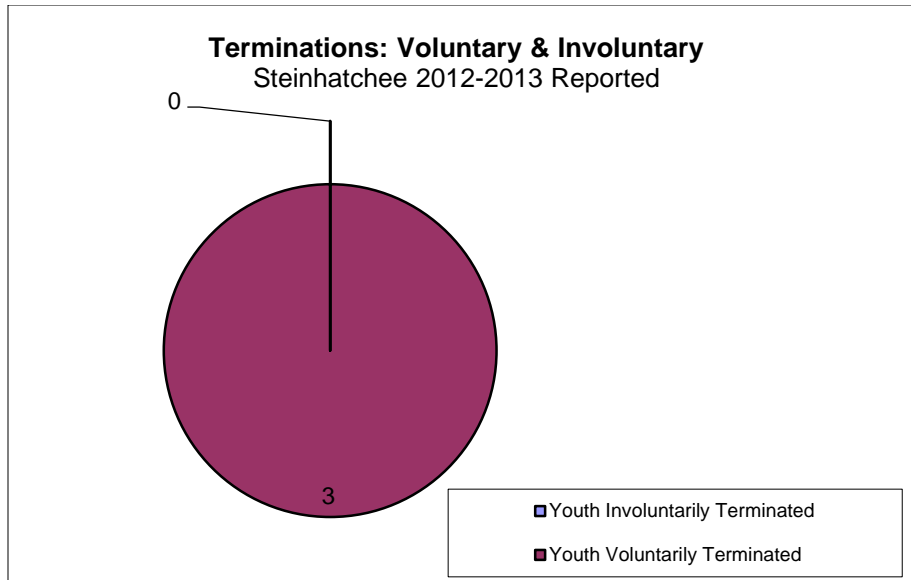
The chart, **Youth Referred vs. Youth Served**, reflects how many youth were referred for counseling services (blue) during the course of the contract period, how many parents gave written consent with the child's assent (maroon), the number of those who were referred and not served (light blue), and the total number of youth served in the counseling services program (yellow). The youth, who were referred but not served, were those youth who did not return written consent forms, even when the child gave assent. Some of the youth who were referred (blue) for counseling services and who were not served (light blue) include scenarios where parental consent may have been declined. Referrals were made to the counseling program via the guidance department, the principal and assistant principals, as well as the school resource officer, teachers, and parents. Of those youth who were served in the counseling program, demographics provide helpful information as to the general population identity for those youth seen each week.



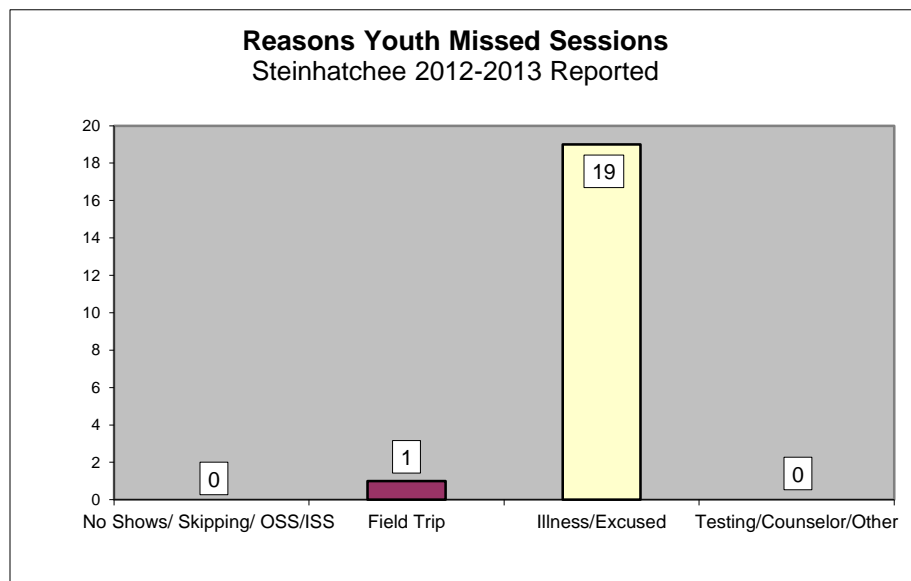
The graph, **Demographics of Youth Served**, indicates the number of youth grouped within certain categories of race, gender, and grade level. While the grade level of the youth can usually offer indications of chronological age, the ages cannot be assumed as consistent with grade level. The number of youth in the above graph reflects the census with all youth served over the course of the year; the actual census of active youth varied throughout the year.



The graph, **Counseling Services Census**, highlights the shift in the number of youth who were served in the counseling services program at the program's beginning (second week of onsite services), mid-point (at the December winter/holiday break), and at the program's end (the last week of school). The census numbers shifted during the course of the program due to the number of referrals made (highlighted earlier). The census shift can be attributed to initial placement processes (a normal and gradual increase seen at the beginning of each new year) as well as terminations (attrition). The lowest number of youth served in any given week was two (due to a day that required an intensive intervention). There was two crisis related interventions in this reporting period.

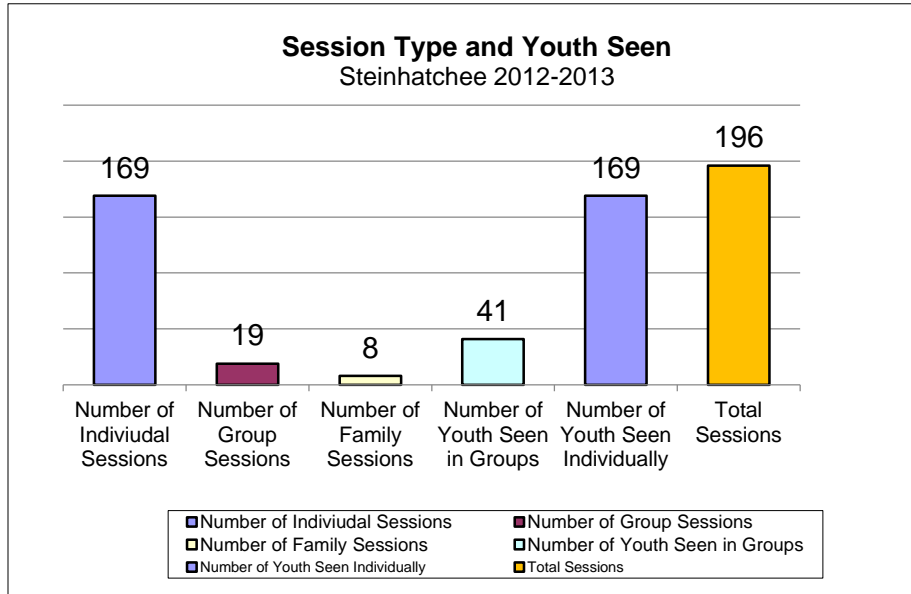


The chart, **Terminations: Voluntary & Involuntary**, shows the total number of terminations that occurred during the contract period for the counseling services program at the school. You who are “voluntarily terminated,” means that they stopped coming to counseling for a number of reasons, unrelated to the counseling program parameters: moving to a new area, expulsion from the school, a parent request to stop services, and/or treatment goals were achieved. The other reasons a youth can be terminated from counseling services is for involuntary reasons (the counseling program criteria necessitates it). “Involuntarily terminated” means that some terminations were for clinical reasons. An involuntary termination suggests the onsite counselor (tier one of the program delivery) or the program administration (tier two of the counseling program) elected to discontinue services, or to not accept a student (missing paperwork, full caseload, or possibly an alternative treatment referral was more appropriate). Some terminations in counseling services are positive, and some are negative. Program impact can also be assessed by reviewing how many participating youth DID NOT come to their weekly counseling sessions and why the no shows occurred.

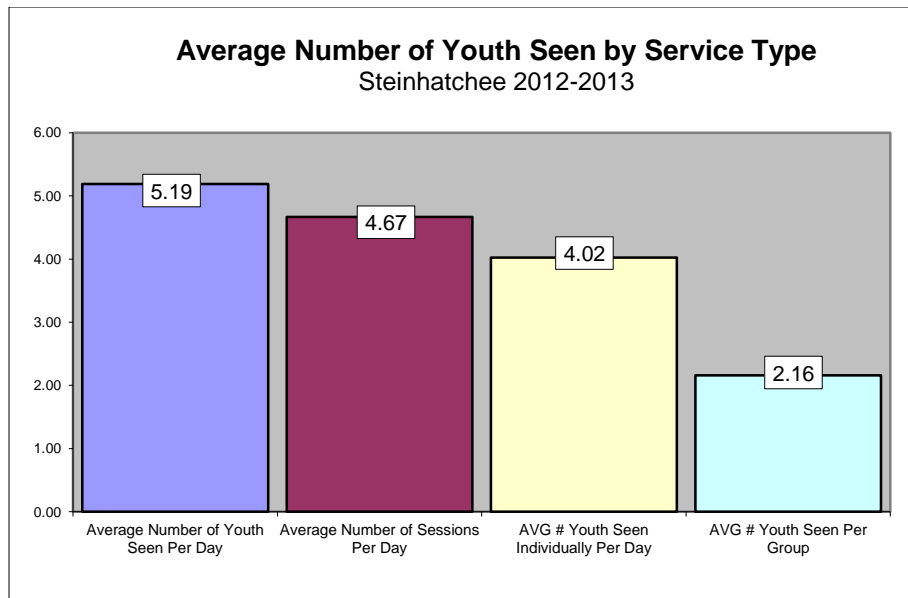


The graph, **Reasons Youth Missed Sessions**, looks at the total number of times youth missed weekly counseling sessions, and for what reason the youth missed. No shows reflect students who were expected in a session, who were in attendance at the school, but who were either not sent when called or who refused to be seen on any given day – with counselor support for missing. Skipping indicates students who refused to attend sessions, when the school, the parents, and the counselor requested attendance (here zero did so). Illness and excused absences are noted in yellow. Those noted in light blue reflect OSS youth, schedule changes initiated by the counselor, and testing days. The maroon bar (here it is one) indicates a field trip limited the ability of youth to be seen. The reasons youth

missed sessions is helpful in determining if the counseling program is something the child is avoiding for reasons related to the sessions, the counselor, the school and/or some other influence. Regardless, if a youth misses a session too often, a consideration may be to switch to group or individual sessions. Session types, for example individual sessions, group sessions or family sessions, are used in different ways for different youth, in order to facilitate social, emotional, behavioral, and academic success.

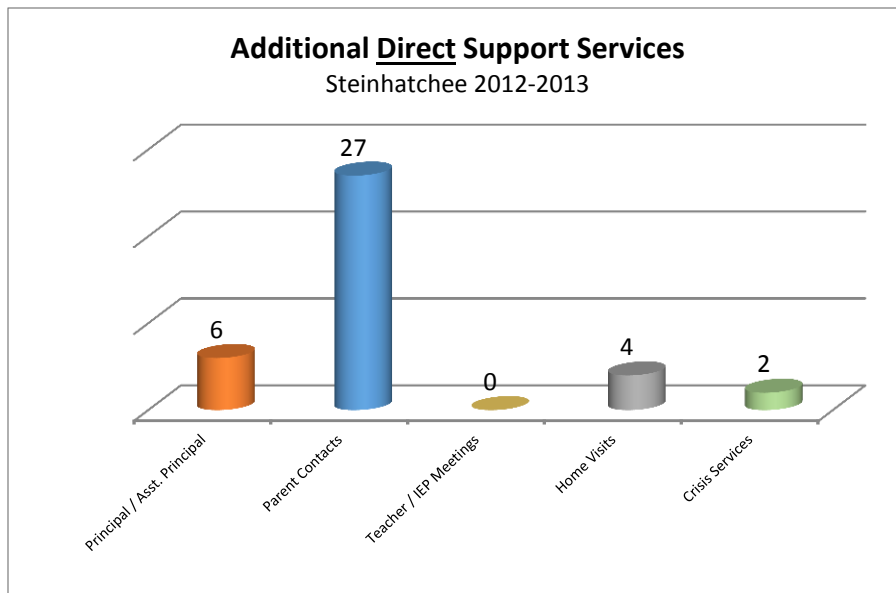


The chart, **Session Type and Youth Seen** is a modification of previous years' (2005-2012) chart "Session Provided by Type." The modification (added in the August 2013 report), more clearly represents the breakdown of 1) the total number of sessions the counselor facilitated throughout the academic year, 2) a tally of the various types of sessions (individual/blue, group/maroon, and families/yellow), 3) how many youth were seen in all of the groups (light blue) and how many individuals were seen in the individual sessions (dark blue).

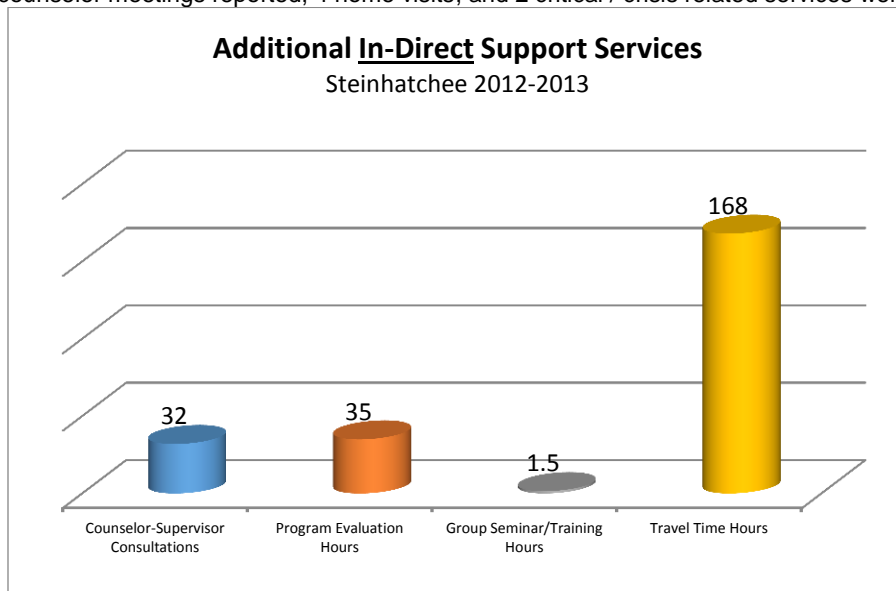


The chart, **Average Number of Youth Seen by Service Type** (formerly labeled as the "Daily Service Breakdown" chart) is modified from prior reports (effective with the August 2013 report) to more accurately highlight similar and dis-similar data in a single chart. The average number of youth seen per day (blue) includes youth seen individually, in groups and in family sessions – over the course of the academic year – in 42 days of being onsite. In the 2012-2013 some of the "days" were provided as an add-on service to assist non-ese youth – which was provided a

different day. The non-ese add on day was not a full day, however. The averages here do not account for whether the services were provided in a full day (the ESE youth services day and the longer part of the contract) or in a half day (the non-ESE youth services day and a very small part of the add-on contract).



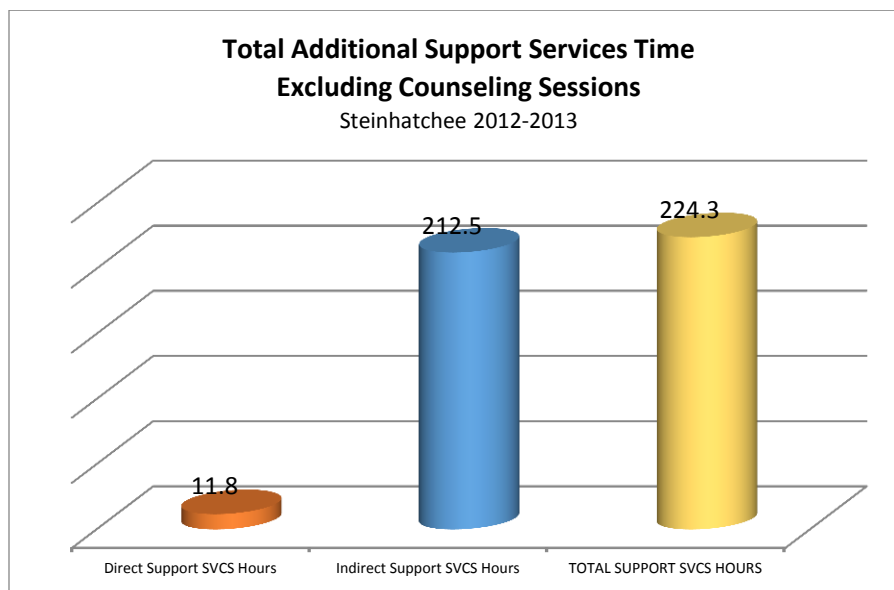
The **Additional Direct Support Services** chart, is modified in the August 2013 report, to reflect only those services that directly assisted youth and other persons at the school (or in the community). In the chart above, 6 meetings occurred with school administrators, 27 parent contacts made by the counselor, there were 0 parent/teacher/counselor meetings reported, 4 home visits, and 2 critical / crisis related services were provided.



The **Additional In-Direct Support Services** chart, added in the August 2013 report, includes data regarding aspects of program implementation, maintenance, training, supervision/consultation, travel and annual evaluation tasks. These services are not directly related to youth services and counseling, however they do play a significant role in effecting care. Off-site and program administration tasks occurred in Tallahassee in three main areas: consultation meetings and file reviews, program evaluation and monitoring, and group seminar(s). One group presentation (1.5 hours) was facilitated as an opening “intro seminar” (facilitated by the onsite counselor, the program administrator, and the program assistant) discussing counseling logistics, legalities, etc. with the host organization personnel. Synchronous online remote consultations (32 meetings) between the program administrator (tier 2) and the onsite counselor (tier 1) occurred. A total of 35 hours were utilized to gather, enter, and generate the annual evaluation

(between the program administrator and an assistant). Lastly, travel time from Tallahassee to Steinhatchee and then back to Tallahassee totaled 168 hours.

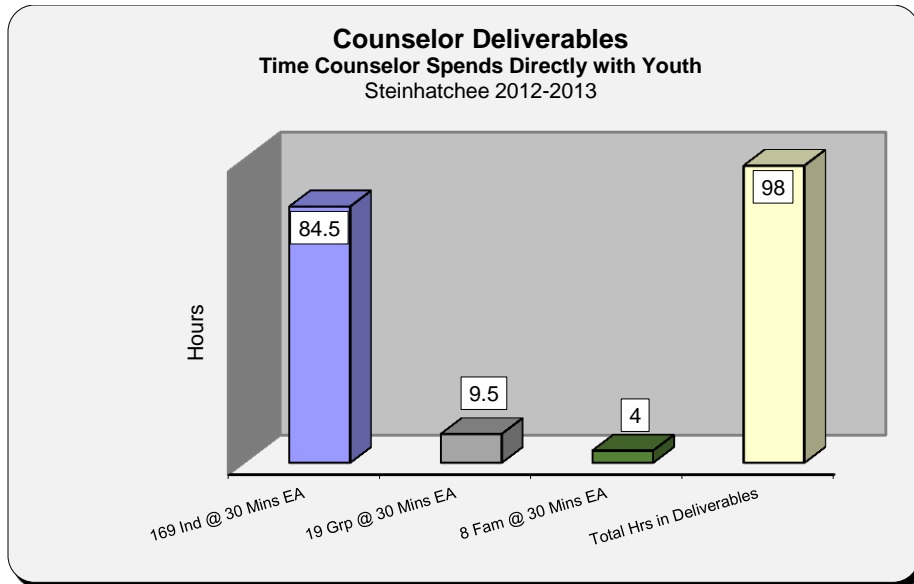
Note: in 2013 the Intro Seminar was enhanced to offer a summary [“Intro Seminar Video” for various school personnel to view](#) at staff meetings. The video is intended to assist multiple schools with simultaneous program implementation information and can be found on the web: [here](#)



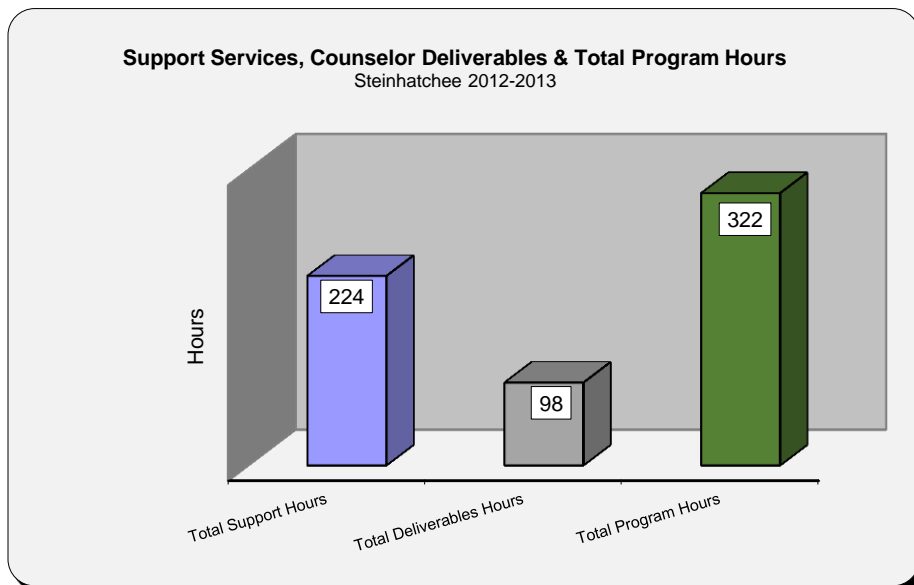
The **Total Additional Support Services Time (excluding counseling sessions)** chart, added in the August 2013 report, calculates minutes/hours to each supportive service (as appropriate and by actual service provided), combining total hours of direct (11.8) and indirect (212.5) time, generating the total additional time necessary to effect care and support, maintain, or enhance the overall program (rounded to 224). The total Indirect hours (see indirect support services chart) is added to the total direct hours (see direct support services chart) by combining:

- 1) Indirect support services time is calculated as 32 counselor-supervisor consultations x $\frac{1}{4}$ of an hour + 35 hours for data compilation, evaluation and reporting + 1.5 hours for the intro seminar and training + 168 hours of travel time. The total of 212.5 hours is then added to the direct support services time.
- 2) Direct support services time, is calculated as 6 office meetings at $\frac{1}{4}$ hour each + 27 phone / parent contacts at $\frac{1}{4}$ hour each + 4 home visits at $\frac{1}{2}$ hour each + 2 emergency crisis sessions at $\frac{3}{4}$ hour each. The total of 12 hours (rounded up from 11.8) is then added to the 212.5 (see number one).
- 3) For all support services (direct and indirect) then, the total time provided to the program is 224 (rounded down from 224.3) additional hours.

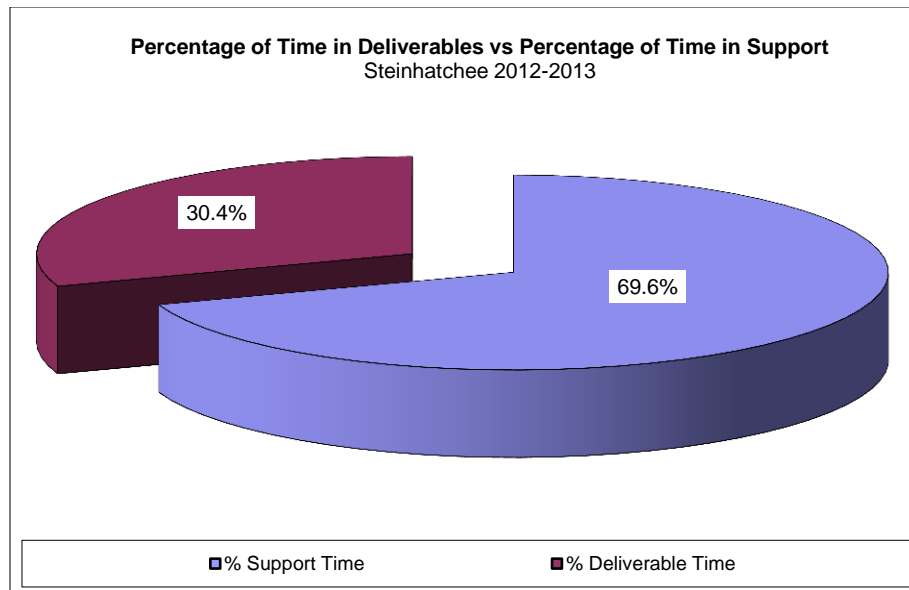
The additional support services time DOES NOT include the actual session time spent with youth.



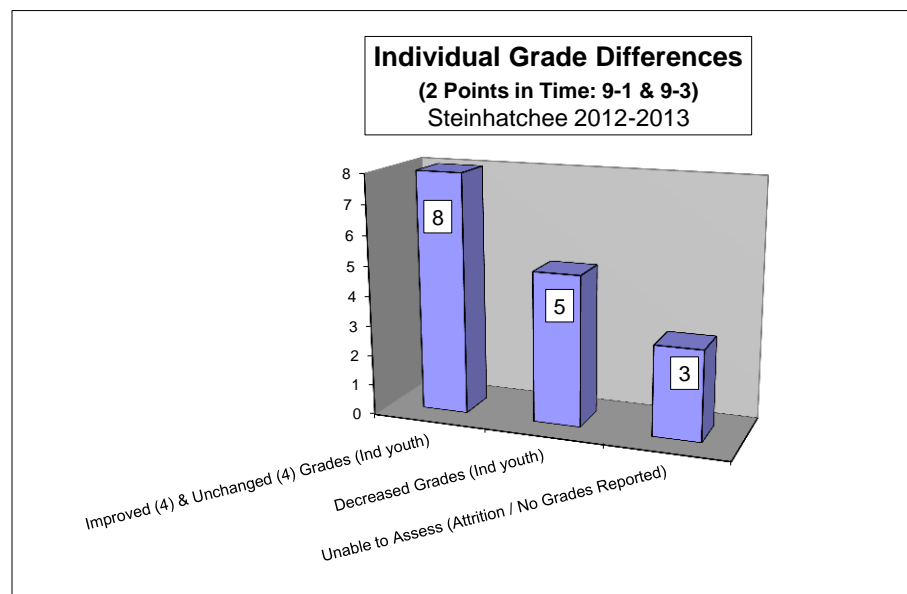
The **Counselor Deliverables (Time Counselor Spends Directly with Youth)** chart, added in the August 2013 report, reflects the actual number of hours the direct service onsite counselor spends meeting with youth, groups, and families at the school. The total amount of time spent in each session type (individual, groups and family sessions) is usually 30 minutes each. The total hours then (all individual session hours of 84.5, all group session hours of 9.5 and family session hours of 4) reflect a total of 98 actual deliverable hours in counseling time.



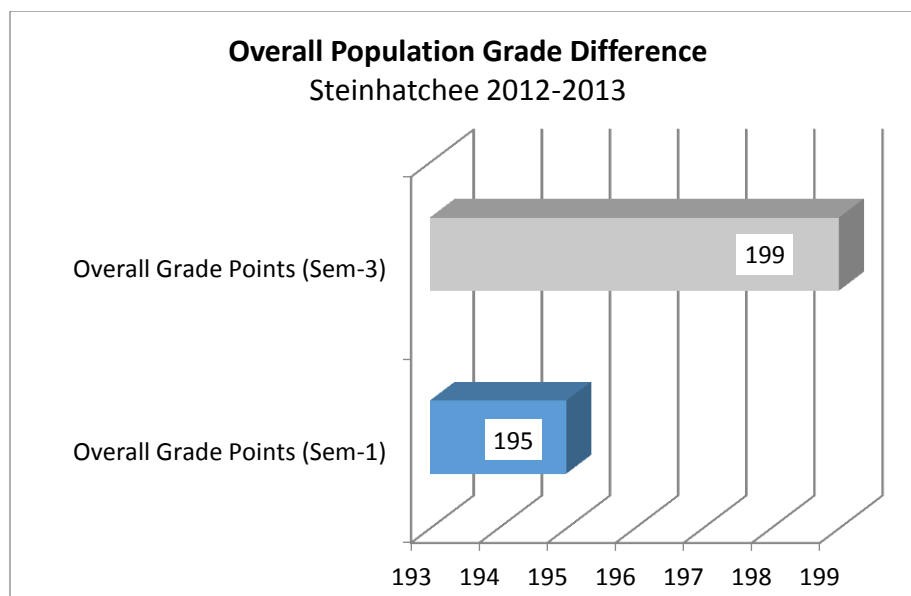
The **Support Services / Counselor Deliverables Comparison** chart, added in the August 2013 report, reveals a contrast of support services and deliverables. In the 2012-2013 academic year, for every one hour of direct counseling time, there was an additional 2.2 hours of support services time.



The **Percentage of Time in Deliverables vs. Percentage of Time in Support Services** chart, added in the August 2013 report, reflects the amount of time the school counseling services program spends, out of the total program hours, in counseling services and in support services. As stated in the previous chart caption, these percentages represent 2.2 hours of time in support services time for every one hour of direct counseling time, in the 2012-2013 academic year.



A common question in school counseling programs is whether or not youth *measurably* improve over the course of counseling services. Measuring success in the school setting often, and logically, leads evaluators to obtain grade differentials. The same evaluation consideration would be factored into onsite school counseling services programs as well. The **Individual Grade Differential** was established by obtaining grades from the school and tallying students' recorded quarterly grades (on a 4 point GPA scoring system). Grades were obtained at the first nine weeks (9-1) of the school year (during what might be considered a honeymoon period for school re-entry after a long break), and then contrasted to the grades at the third nine (9-3) weeks (during a time when grading/studying are less focused on semester pass/fail considerations). The grading difference between time 1 and time 2, per individual youth, is reflected in the above graph. More youth, in more subjects, improved or did not decline (column 1; that is almost 62% of all youth served and who could be assessed). 38% (column 2: show where grades declined from time one to time two). Three youth (19% of the total population served in the 2012-13 academic year) were not evaluated academically in the above chart, either because of missing or incomplete grading information or due to program attrition.



An **Overall Population Grade Difference** is helpful, in addition to the individual ones, in analyzing academic variance – comparing progress/or lack of progress in the entire population. An averaged overall score for the population was tallied by taking all classes of all youth in a 4 point grading system and adding them together at time one (9:1) and deducting the time one total from those tallied (again all classes, all youth, 4.0 GPA system) in time two (9:3). The above graph suggests that while individual declines are evident in some individual students, their declines were proportionately lower than those who had increases; the students who declined did so in smaller point values whereas those who improved did so in larger point ranges.

Both grade differential graphs (individual and population) weigh core classes and elective classes as having equal value. The selections of time 1 and time 2 are based upon three considerations: 1) 9-1 is a logical beginning assessment period, as the first nine weeks is the initial point when grades are available, 2) 9-3 is the next logical assessment period since final 9-4 grades are not entirely posted at the end of the counseling services program, and 3) 9-3 might better reflect an internal locus of control measure for youth who either improved or declined. Arguably, the first nine weeks may include the honeymoon / rapport building scenario of students and teachers who have reconvened in new classes at the end of a summer break (possibly inflating grading/studying results); the opposite may be true in the third nine weeks, where grading/studying are less focused on the semester pass/fail considerations and certainly the honeymoon period is no longer a factor. Grades only serve as one variable to consider in looking at program success. Other considerations related to program efficacy include youth exit interviews, school personnel evaluations, and counselor assessments.

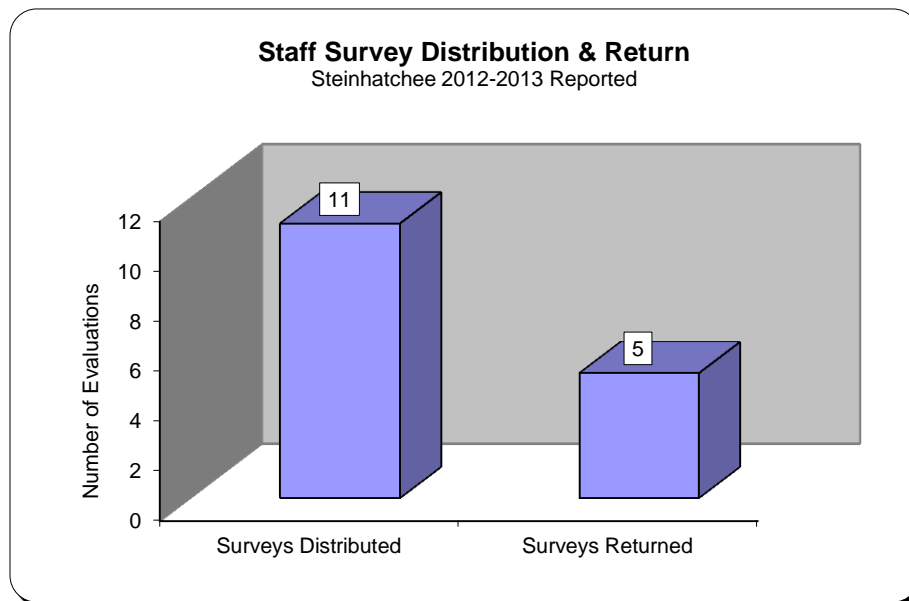
PART II PERSONNEL EVALUATIONS

Personnel evaluations were distributed to the school principal/assistant principal who organized the logistics of surveys distributed and collected; the evaluations that were delivered in paper format, were taken to the school by the onsite counselor. Additional evaluations were distributed via email and electronic submissions directly from the teachers/personnel from the program evaluator. There were no evaluations submitted in the 2012-2013 academic year, by hand. For the first time in the school counseling program history, all evaluations were submitted via electronic methods, from the teacher/school personnel, etc directly to the program evaluator. None of the surveys were given to the onsite counselor.

Electronic submissions were not anonymous, however they were/remain confidential from the onsite counselor. Evaluation distribution/collection was encouraged to involve as many participants as possible, particularly to those personnel who were directly involved with the youth attending weekly counseling services.

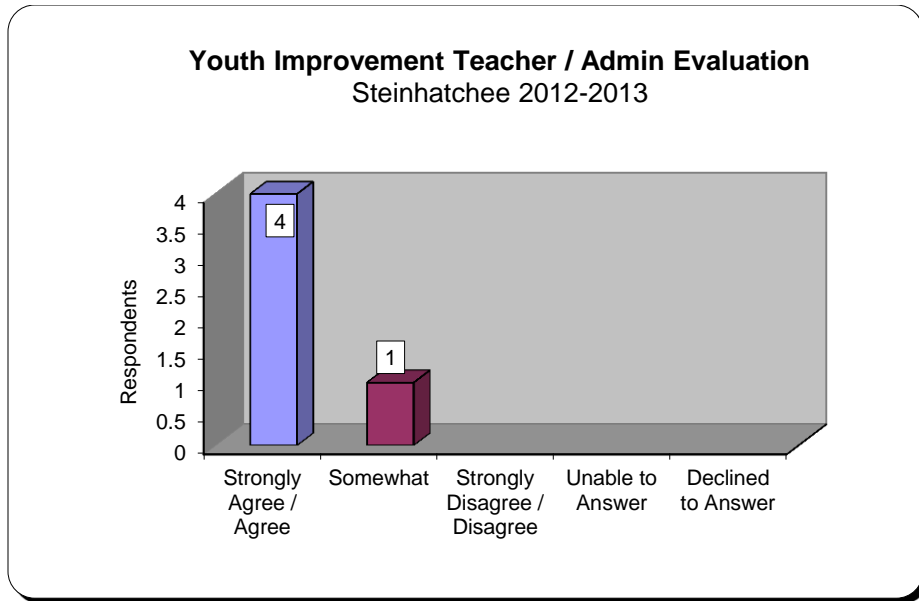
The assessments consisted of seventeen quantitatively and qualitatively designed responses. Respondents answered fourteen 6-point Likert type questions (“strongly agree,” “agree,” “somewhat,” “disagree,” “strongly disagree,” and “unable to answer”), and two open-ended specific questions, and a final question that simply asked for “Other Comments.”

Response sets in the charts and graphs that follow are labeled differently than they appear on the questionnaire. “Strongly agree” and “agree” responses from the evaluation form (where they are separate choices) were lumped into one response set for the charts and graphs that follow, just as “strongly disagree” and “disagree” were lumped into a different response set. The “somewhat” response and the “unable to answer” responses remained isolated response sets (as they appear on the actual evaluation form) respectively because agreeability and disagreeability were not attainable in these two responses. One other response category in the charts and graphs, labeled as “declined to answer,” was not an option on the 6-point Likert type questionnaire – but it is included in the graphic analysis to indicate that a respondent chose (intentionally or inadvertently) not to answer a survey item. The survey distribution indicates the sample size for all evaluations returned. The survey return rate is indicative of respondents who elected to complete surveys – compared to those distributed (with a distribution that closely mirrors the total number of teaching personnel involved with students); it is difficult to determine a return rate given the nature of an email communications from the school to the teachers. To assist in the return rate, the number of teachers working in the school is factored into the following numbers.



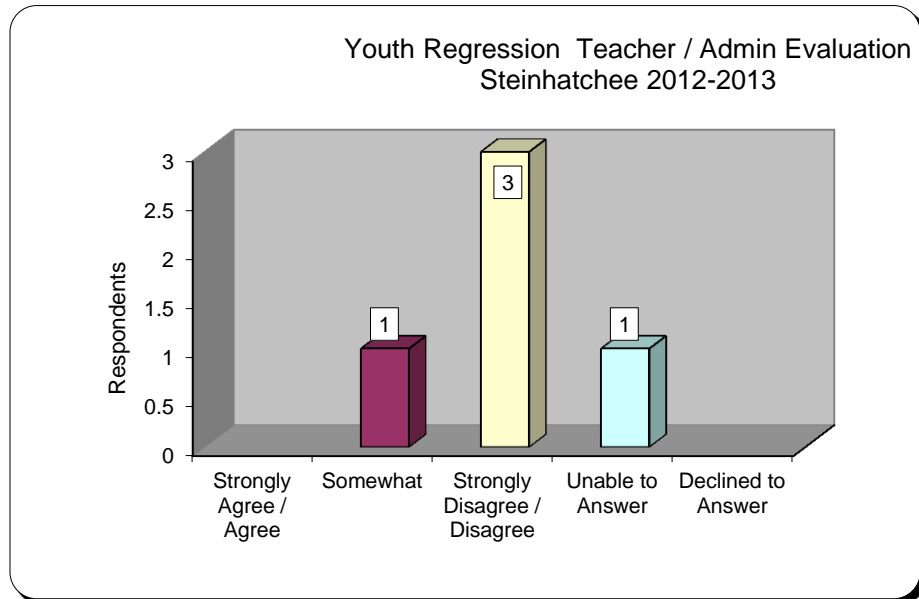
The chart, **Survey Distribution & Return Rate**, provides the number of evaluation forms that were distributed by the school principal, and the school counseling services program supervisor, a few weeks prior to the end of the counseling services academic year. In the 2012-2013 academic year, teacher/administrator evaluation forms were distributed electronically with the option of submitting hard copies at the school, or submitting them confidentially via email. The number distributed above is an estimate, based upon published teacher/student ratios, at the time this report was evaluated – with an additional allowance for two onsite school administrators. The rate of return is useful in obtaining a percentage of survey participation, suggesting a higher return rate will provide more information as to what the majority of personnel feel about the program. The more respondents participate in the survey, a better representation for the findings is argued to represent the population being surveyed. Another consideration of program success is not only the distribution and return rate, but also more specifically if the school personnel observed youth improvement during the course of counseling services.

The return rate in the 2012-2013 academic year reflects a significant decline from the return rate in the previous year. In the 2011-2012 evaluation, the number of respondents were more than double of the current years evaluation.



The chart, **Youth Improvement**, highlights perceived improvement of the youth in counseling, by asking school personnel to respond to the following statement: “The youth who were served by the program improved throughout the year.” Respondents either circled or checked their answers on a pre-printed form (by hand or electronically). The majority of those surveyed indicated that the youth improved. Another question to consider is whether or not any of the youth did worse, or regressed, during the course of the counseling program.

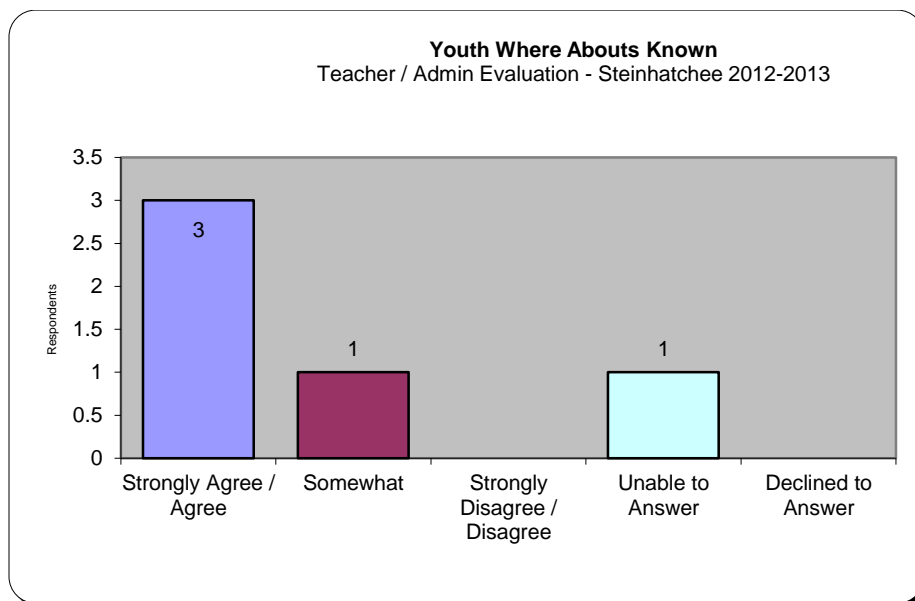
PROGRAM EVALUATION NOTE: When the youth improvement responses noted above, are compared to the converse of this same question in the “Youth Regression” chart below, inter-item reliability can be minimally assessed. When the youth improvement item and the youth regression item are both contrasted to the Grade Differentiation charts, validity can be minimally assessed. The validity of the overall program evaluation is further indicated, when staff reports of improvement and regression, along with independent grade differentials, is compared and contrasted to degrees of psychosocial functioning reported by the onsite counselor (noted elsewhere in this summary). Bolstering such findings, could be enhanced by then looking at multiple year comparisons in this district and others.



The chart, **Youth Regression**, highlights reported regression of the youth who participated in the counseling program, by asking school personnel to respond to the following statement: “The youth who were served by the program worsened throughout the year.” Most of those surveyed strongly disagreed or disagreed that youth who

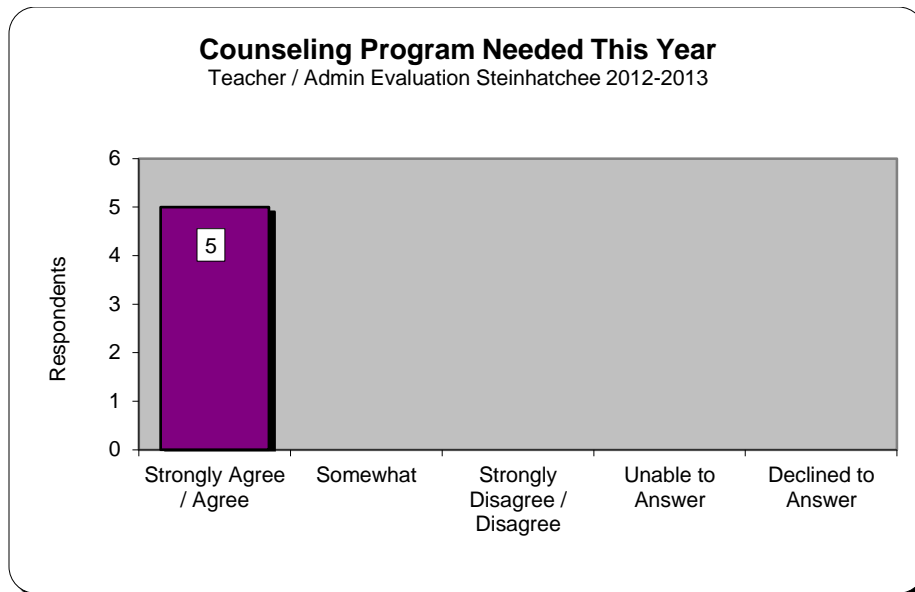
were served regressed. However, for youth to improve related to school counseling services, another variable to factor into the outcomes is the students' whereabouts during the days that services were provided.

PROGRAM EVALUATION NOTE: When the youth regression responses are compared to the converse of this same question in the "Youth Improvement" chart, inter-item reliability can be minimally assessed. When the youth regression item and the youth improvement item are both contrasted to the "Grade Differential" charts, validity can be minimally assessed. The validity of the overall program evaluation is further indicated, when staff reports of improvement and regression, along with independent grade differentials, is compared and contrasted to degrees of psychosocial functioning (part IV of this report) reported by the counselor who was the direct service provider. Bolstering such findings, could be enhanced by then looking at multiple year comparisons in this district and others.



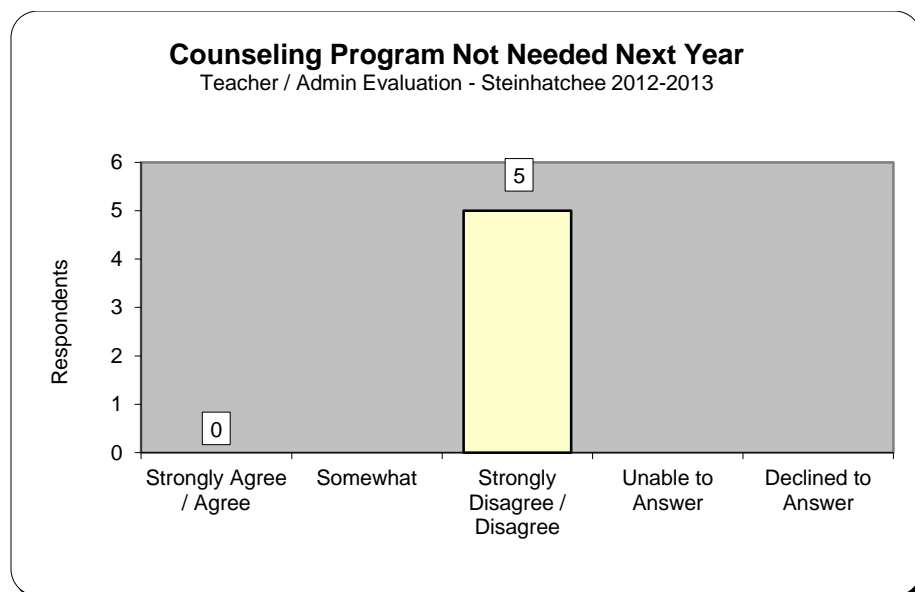
The chart, **Youth Where Abouts Known**, assesses whether or not school personnel believed that the counseling program monitored the whereabouts of the served youth for their attendance. As noted earlier, students missed sessions for a number of reasons, but in order to track the reasons, youth whereabouts must be monitored and recorded each time a youth is called out of class to attend weekly sessions. Respondents were asked to assess whether or not "the counselor made sure to keep the whereabouts of the youth monitored each week." More school personnel believed that the counseling program effectively monitored and reported student whereabouts, compared to other personnel who reported otherwise (1: somewhat and 1: unable to answer). If the youth improved, did not regress, and were monitored effectively, did school personnel also believe that the program was needed?

PROGRAM EVALUATION NOTE: If youth whereabouts are known, as suggested by this survey item, data that was maintained on the youth who missed sessions, the reasons they missed sessions, and when/if they skipped sessions, should arguably be consistent with personnel beliefs that the counseling program effectively knew where its students were on the days the counseling services program was at the school.



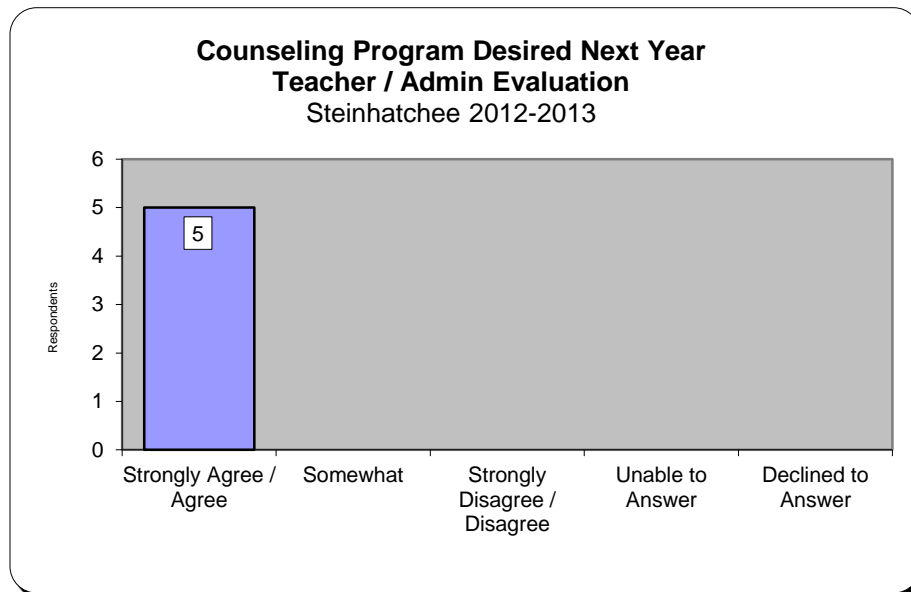
The chart, **Counseling Program Needed This Year**, assesses whether or not school administration, teachers, and support staff believed that counseling services were needed in the first place. It's possible for the students to benefit from services, and it's possible for the services to be comprehensive, but it's equally possible that they may not be indicated due to various other unknown considerations. To assess the other possible considerations, even in the absence of certain content (confidential case notes, for example), the school personnel respondents reported that they believed "the counseling program is needed at this school [this] year." It's one thing to say that a program is needed this year, but conversely, is the program possibly NOT needed next year?

PROGRAM EVALUATION NOTE: When the counseling program needed chart from above, is compared to the question assessing whether or not the program is NOT needed next year (chart below), inter-item reliability can be minimally assessed. When reliability of these two items is considered in connection to program efficacy noted in prior staff responses, and in review of counselor interpretations of youth progress, the overall instrument validity can be minimally assessed.



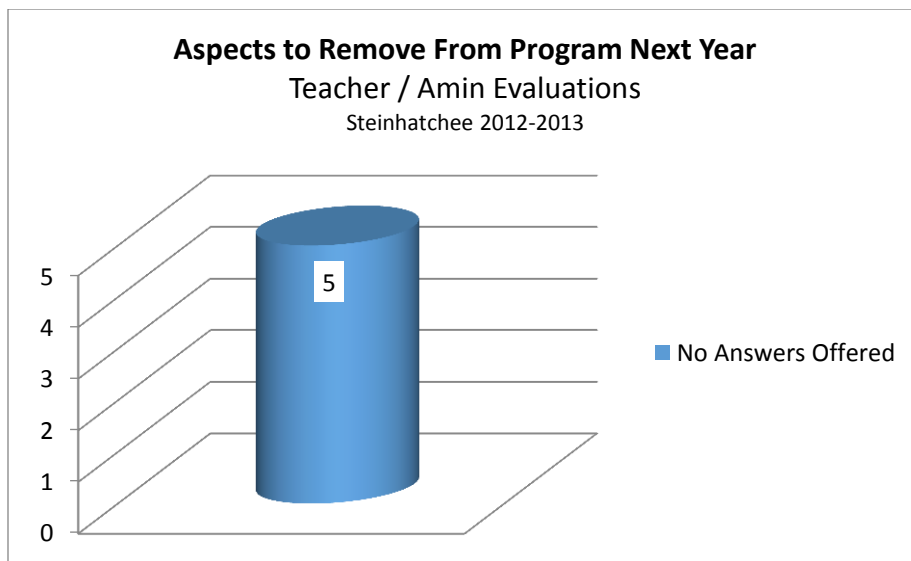
The chart, **Counseling Program Not Needed Next Year**, assesses whether or not school administration, teachers, and support staff believe that counseling services are NOT needed next year. School personnel disagreed with the statement that said "the counseling program is not needed at this school next year" by a 5:0 ratio. This outcome is consistent with the earlier finding that suggested services are/were needed at the school. But what about whether or not the school desires to have a program in their school next year?

PROGRAM EVALUATION NOTE: When the counseling program NOT needed next year chart is compared to the item assessing whether or not the program is needed this year, inter-item reliability can be minimally assessed. When reliability of these two items is considered in connection to program efficacy noted in prior staff responses, and in review of counselor interpretations of youth progress, the overall instrument validity can be minimally assessed. Bolstering such findings, could be enhanced by then looking at multiple year comparisons in this district and others.



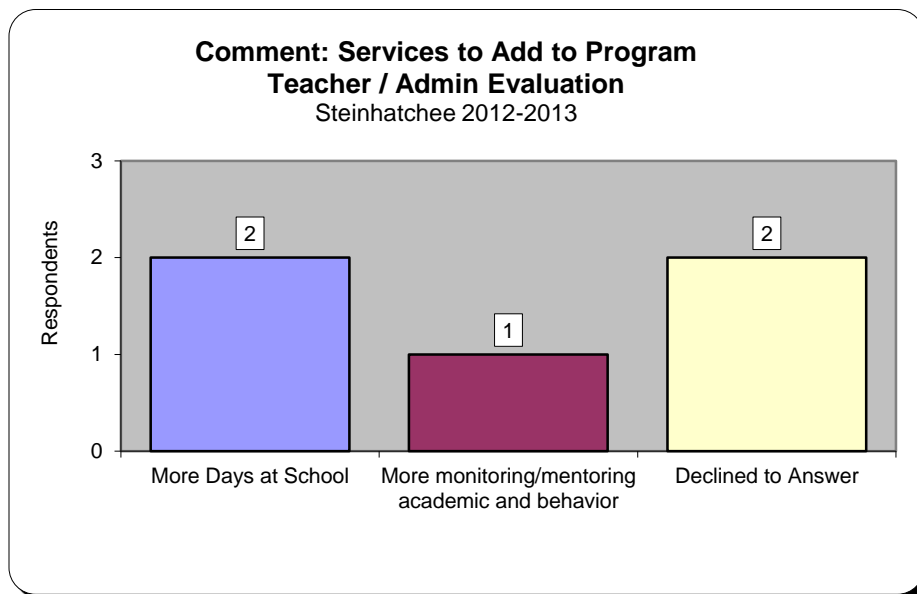
The chart, **Counseling Program Desired Next Year**, looks at the wishes and desires of school personnel based upon the recommendations of survey respondents. All of the respondents expressed a desire for the counseling program next year, 5:0, by affirming that: "I would recommend that this program continue in the future." If the program is continued next year, the next consideration is whether or not it contains services that seem unnecessary and/or if it did not provide services that would have been more helpful.

PROGRAM EVALUATION NOTE: When the counseling program desired next year chart is compared to other survey items that assess program efficacy, program needs, youth psychosocial changes, and service provisions, inter-item reliability can be minimally assessed. Item reliability between needing the program this year, not needing the program next year, and if the program would be recommended or desired is supported in this assessment period. When the reliability of all of these items is considered in relationship to other program evaluation questions, an argument for instrument and program evaluation validity can be minimally asserted. Bolstering such findings, could be enhanced by then looking at multiple year comparisons in this district and others.

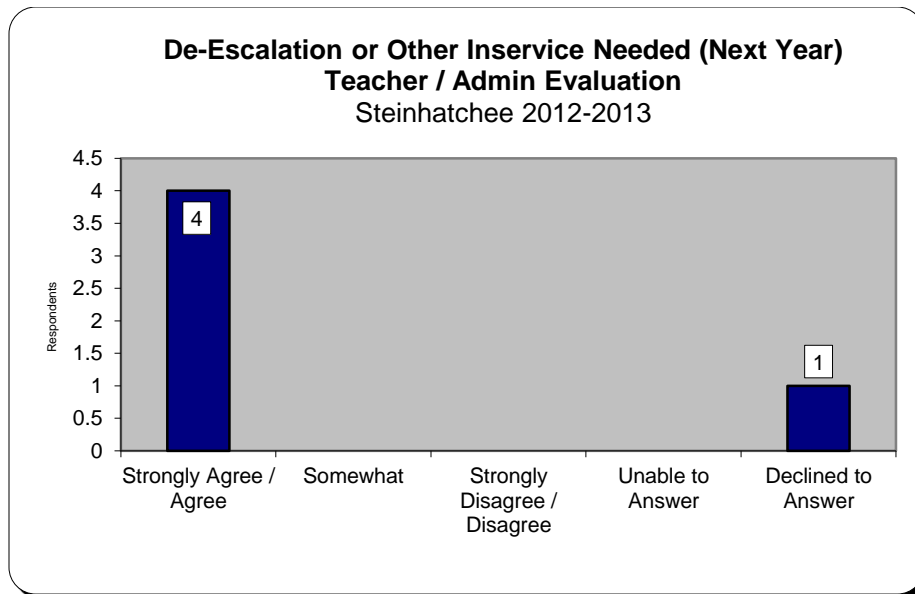


The **Comment: List Services to Discontinue** question was an open-ended, qualitative question that invited respondents to list program variables that they believed were not important or not needed. In general, when this question is not answered, it suggests that certain respondents did not believe there were program components that were unnecessarily provided. The item asks: “I would recommend that the program discontinue all or some services next year (list aspects of the program that you think are not needed or that are unnecessary).” All of the respondents did not include program components to discontinue. The next question logically follows: are there any services that could be added in order to improve the program next year?

PROGRAM EVALUATION NOTE: This item can be correlated to two other items: “counseling program needed this year” and “counseling program NOT needed next year.” The higher the correlation between the three questions, a higher reliability co-efficient could be anticipated. Bolstering such findings, could be enhanced by then looking at multiple year comparisons in this district and others.

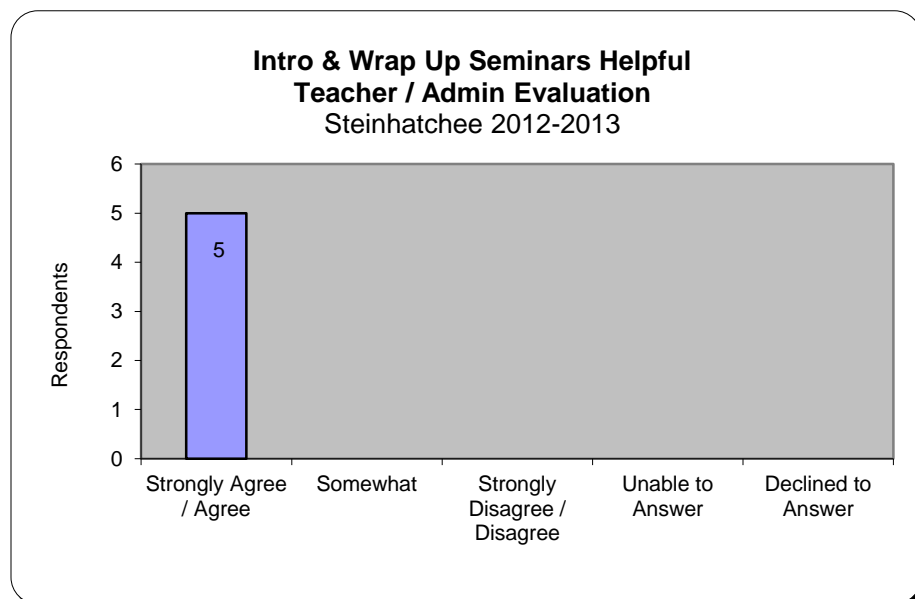


The qualitative question about what services might be added in the future are highlighted in the **Services to Add to Program** chart above. This open question asks “I would recommend that the program add (list aspects that you think are needed for the program).” The respondents indicated their preferences with write-in answers. This question, like many open-ended questions, and when a respondent listed a service they wanted to see added, regardless of its content, their responses were charted.



The chart, **De-Escalation or Other Inservice Needed (Next Year)**, assesses if respondents believe they would benefit from an in-service that is geared to addressing the processes of escalating and de-escalating behaviors in the classroom. Behavioral issues are a common factor that leads to counseling program referrals. Some behavioral issues may be resolvable without counseling services and/or administrative interventions, but to determine if such training is perceived as potentially beneficial the survey item states, "I would like the counseling services program to add a one-day workshop addressing 'The Issues of Escalating and De-escalating Behavior in the Classroom' or some other professional development seminar." Respondents support the idea by 4:1 ratio. The next program variable to consider is whether or not the counseling services program was able to successfully present in-services to the staff with a degree of success, based upon the current years program.

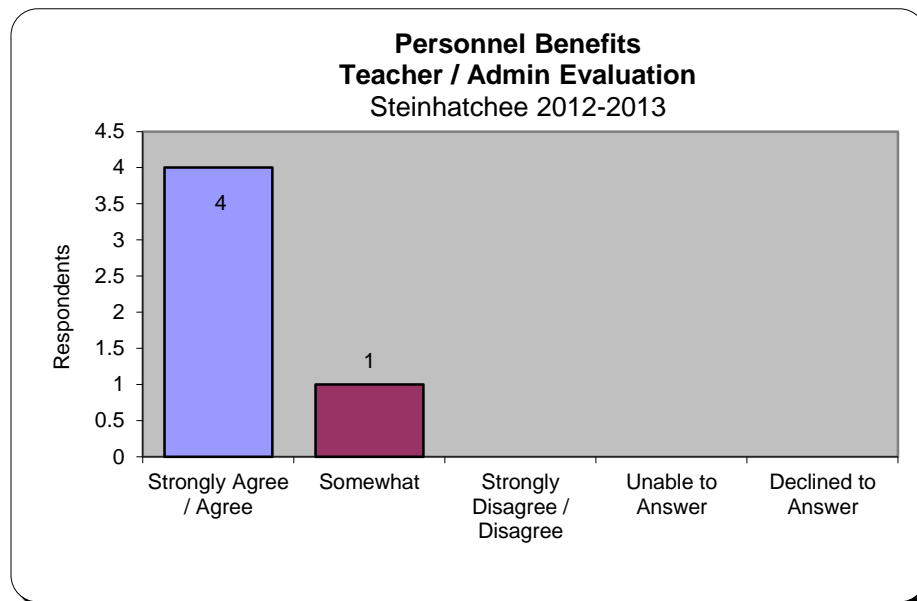
PROGRAM EVALUATION NOTE: If the current program offers future in-service trainings to the school, it would less likely be supported in the proposition, if the counseling program failed to successfully provide in-services in its current year of service. The comparison of the proposed de-escalation in-service item to the evaluation of already provided in-services may indirectly serve to assesses social desirability variables; it also suggests, because not all respondents necessarily work with the same youth who are simultaneously being seen by the onsite counselor, that a larger service delivery mechanism (inservices) may address other student/teacher dynamics).



The chart, **Intro & Wrap Up Seminars Helpful**, assesses the value (or lack of value) of the two in-services that were provided to school personnel as a component of the counseling services program. These seminars are related to the

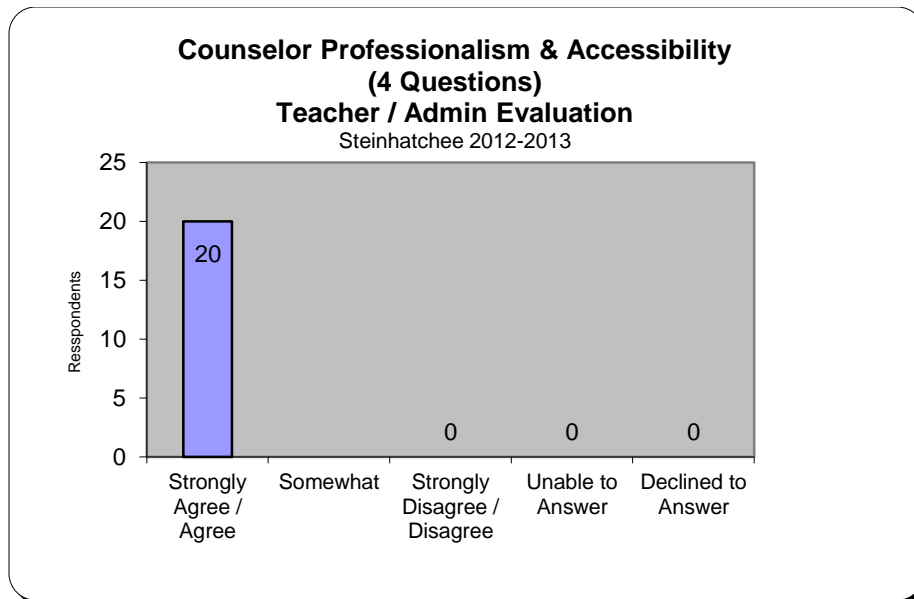
logistics, legalities, and a summary of the annual program evaluation at the beginning of the counseling program at the school (in the Intro Seminar) and also the closing seminar provides a forum whereby feedback and closure discussions with teachers and administrators, discussing program likes and dislikes (the Wrap Up Seminar), occur. Of those who were able to answer the statement that said, “the ‘Intro to Counseling Services Seminar’ at the beginning of the year,” and “the ‘Counseling Services Wrap-up Seminar’ at the end of the year were helpful” most respondents believed the seminars were helpful at a 5:0 ratio. The next question in the survey addressed whether or not school personnel believed overall counseling services were beneficial to school personnel.

PROGRAM EVALUATION NOTE: If the current program offers future in-service trainings to the school, it would less likely be supported in the annual proposal or ongoing protocol under findings that suggest the counseling program failed to successfully provide them in its current year of service. The comparison of the opening and closing seminar value – indicates perceived benefits to a program component, and the component itself (the seminars) is believed to assist in minimizing program social desirability variables.



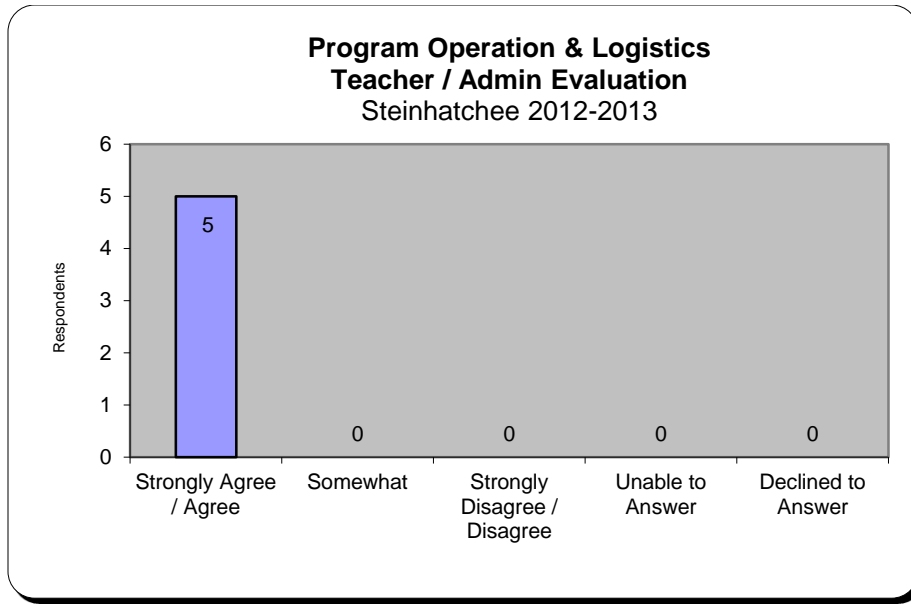
The chart, **Personnel Benefits**, assesses whether or not school administration, teachers, and support staff believed that the counseling services program was helpful - overall. It is arguably presumptive to suggest that because children improved in social, psychological, academic, and behavioral areas that the staff also inherently benefited. To assess personnel benefits based upon personnel responses more directly, respondents evaluated the statement: “the counseling program was helpful to school personnel.” Consistent with reports of student improvement and student regression, personnel benefits were noted by the majority of the respondents. Another program consideration is whether or not school personnel believed the on-site counselor was accessible to them, and if services were both professional and courteous.

PROGRAM EVALUATION NOTE: This item can be correlated to other items: “counseling program needed this year” and “counseling program NOT needed next year.” The higher the correlation between the three questions, a higher reliability co-efficient may be realized. A cross reference, even more helpful, might be comparing other personnel perceptions about youth improvement, lack of improvement, and the three prior correlational analyses suggestions. Bolstering such findings, would be enhanced by then looking at multiple year comparisons in this district (year for year, and then comparing that data to other districts).

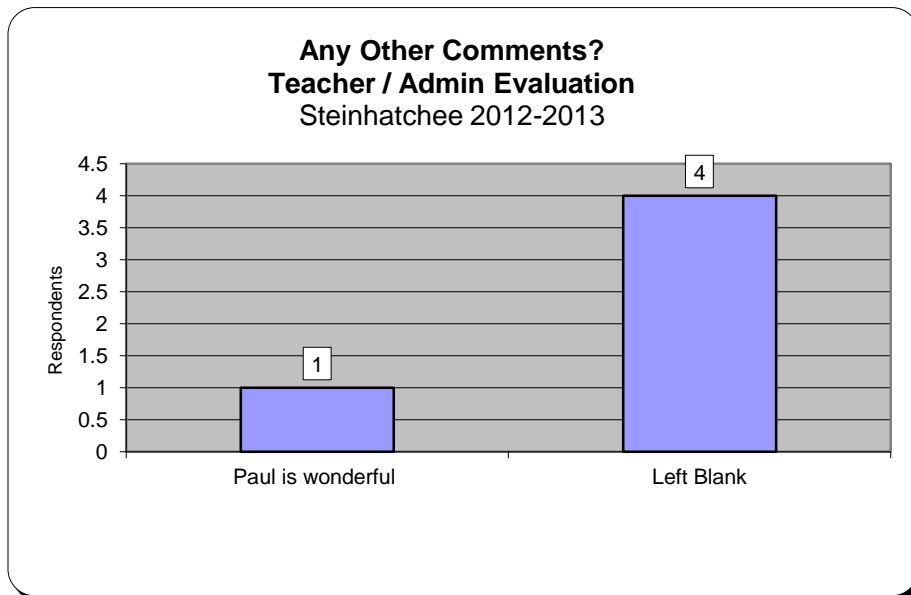


The chart, **Counselor Professionalism & Accessibility**, is a compilation of four different questions on the personnel survey, thus the number of respondents in the chart reflects the total number of people who completed the survey, multiplied by the four questions that address issues of professionalism and accessibility. Professionalism with the staff was assessed with the use of the statement: “the counselor was professional, courteous and cooperative with school personnel,” while professionalism with the students is reflected in the statement: “the counselor was professional, courteous and cooperative with the students.” Professionalism in communication was measured via this statement: “the counselor was professional on the telephone, in the use of email, and in other forms of communication.” The availability and accessibility of the counselor for various people who interacted with the counselor was assessed in the statement that said, “the counselor was accessible each week to ask and answer questions (for teachers, administrators, and parents).” Professionalism and accessibility help in evaluating the interactional nature between the onsite counselor, the school personnel, parents and students, but these questions may/may not address how well the program functioned and operated in a logistical manner.

PROGRAM EVALUATION NOTE: In multiple school evaluations, these four questions, when lumped into one response set graph, correlate into the same category over 95% of the time (when looking at a 8 year data gathering period for this school). The reliability issue is evident in the agreement rates between survey respondents in the same survey, while the reliability and validity property of these items is strengthened in other surveys, completed by other respondents, in different years. This finding would be even more evident, if similar or the same results were realized in the other schools where the counseling program has operated. As of the 6th year for the program (last years evaluation) there was a 100% agreement rate; that the number here has dropped is helpful to address an outlier consideration, however the four indicators do not suggest an “outlier” effect.



The **Program Operation & Logistics** chart indicates how well the school administration, teachers, and support staff believed the program functioned for the contract year. A component of logistics and operation of the counseling services program is that, with the exception of referrals and follow-up, the program runs with minimal interruptions to the normal routines of the school day – making program accommodation easier to facilitate between the school and the counseling services program. “The counseling program appeared to run smoothly” was the statement that was included in the school evaluation form to indicate “operation & logistics.”



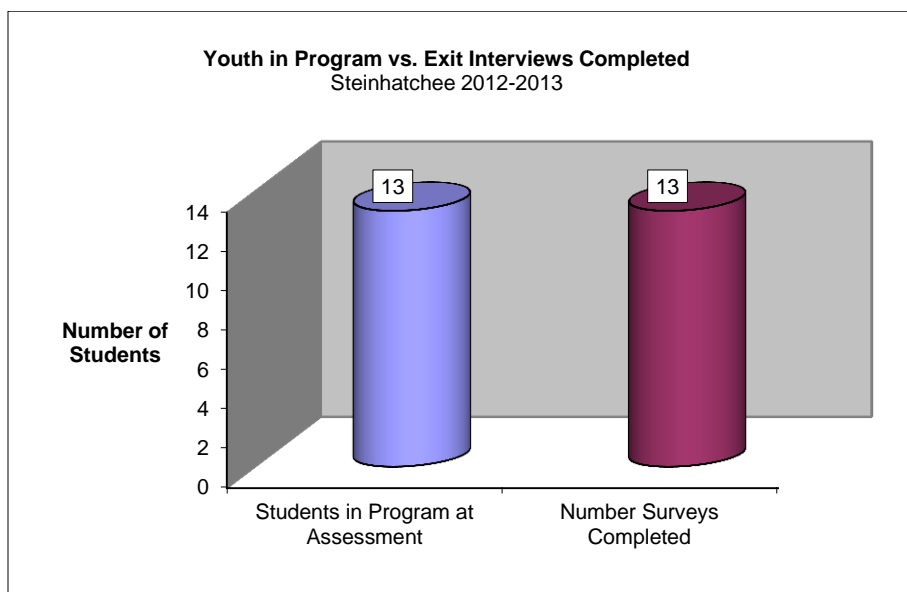
The **Any Other Comments?** for the teacher / admin evaluations chart indicates an open ended response set from the administration, teachers, and support staff who were directly and indirectly involved with the school counseling services program during the 20121-2013 academic year.

PART III YOUTH EXIT INTERVIEWS

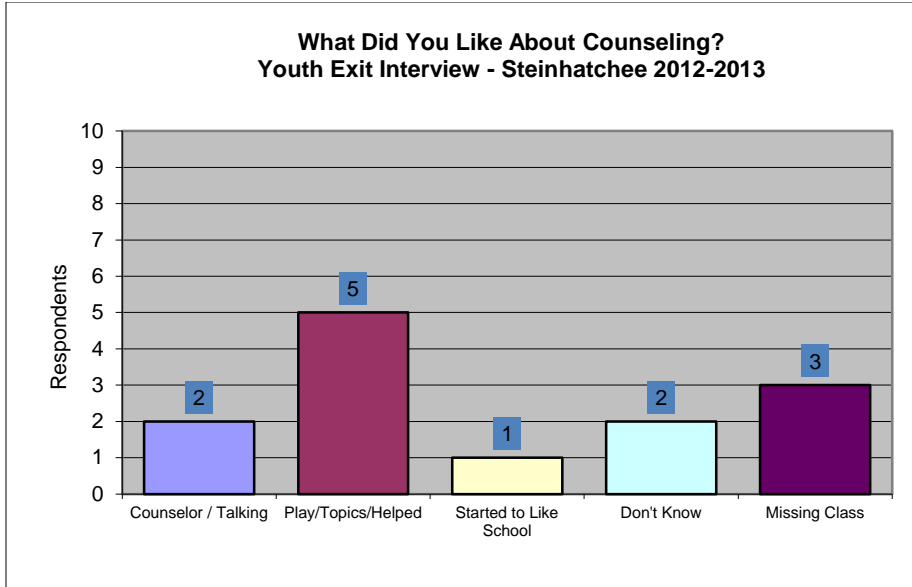
Independent demographics and stand-alone reports, in conjunction with administrative and personnel evaluations are helpful in the review of program success or failure. Another consideration for program efficacy can be viewed in the interpretations of youth who were the direct recipients of the services; even as others may believe the program has been helpful “for” the youth (as demonstrated in prior sections of this evaluation) the youth perceptions of services independently and correlationally may or may not agree.

In the 2010-2011 academic year two questions were added to the exit interview, allowing youth to voice whether or not they would like to see the program return in the future and allowing youth an opportunity to simply say or add any other comments, if given an opportunity to do so. In the 2012-2013 academic year for the onsite counseling services program, the youth survey instrument remained constant.

Nine interview questions were asked of the youth who were being served by the program one or two weeks prior to the last session (most questions are in the title of the graphs that follow, otherwise they will be listed in the accompanying summary). All qualitative responses were assigned to, and subsequently grouped by, specific and relative categories so that a tally of the interviews could be made (responses with thematic replies were similarly grouped and when the grouping was not possible, a separate category was recorded). The youth exit interview section of this report begins with a count of those youth who completed the program at years end versus the number of youth who were available to answer the exit interview questions.

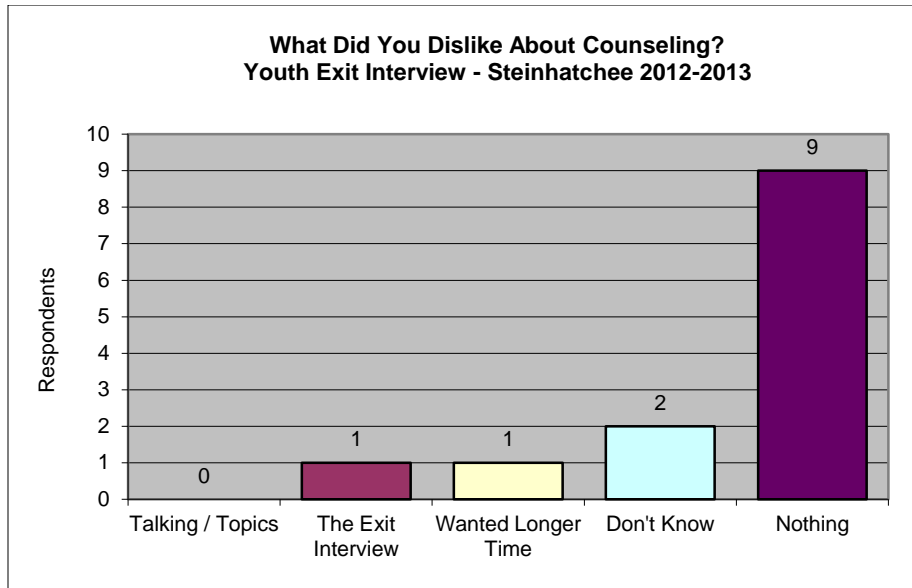


The number of youth who were active clients in counseling program at the end of the year (13) was compared to the number of youth who participated in the exit interview in the final weeks (13); one hundred percent (100%) of all youth active in the program, also completed the exit interview. Each assessed exit interview question follows:



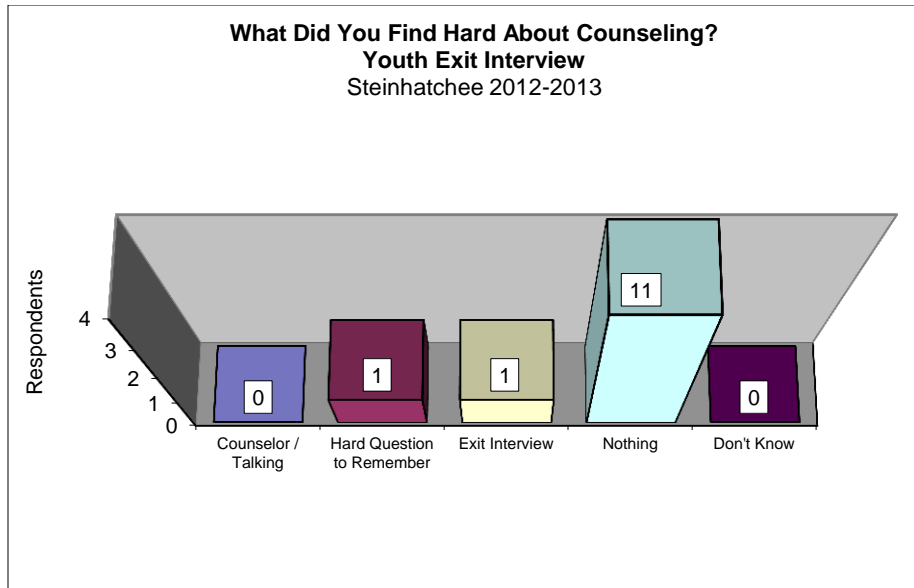
Youth responses ranged from liking the counselor and talking, missing class, and one who indicated they started to like school. In the next chart, the youth responses were then compared and contrasted to what they disliked, looking for themes between the two interview questions.

PROGRAM EVALUATION NOTE: The comparing of the two items of “likes” and “dislikes” serves to, in part, address social desirability responses. Social desirability is further addressed when youth were asked to identify what they found hard about counseling.



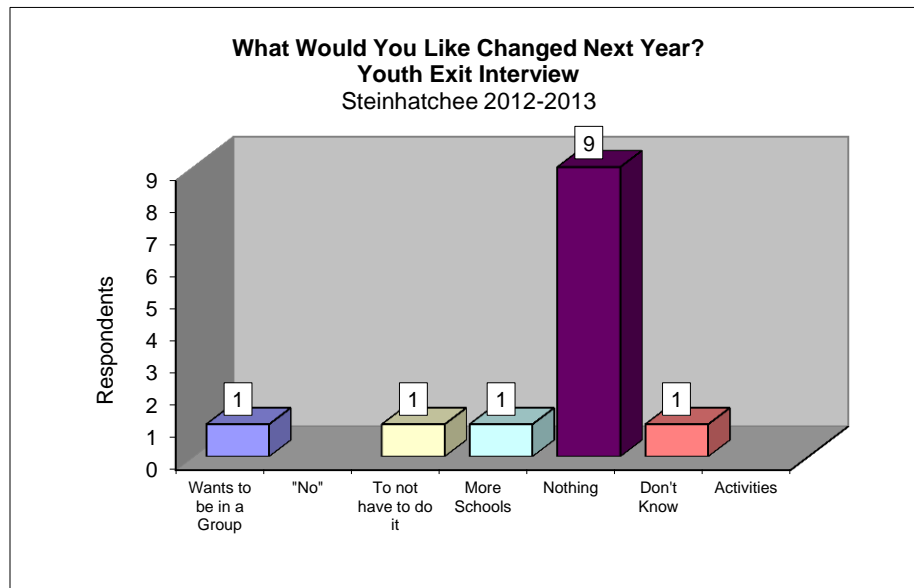
The youth were asked to discuss what they did not like about counseling. The youth thought of and offered their own responses without prompting from the interviewer; and the question is an open ended one. Most youth replied that they disliked “nothing” about counseling. The correlation: the majority of the youth interviewed indicated that they enjoyed the topics/play in weekly sessions (see exit interview chart 2), while most of them stated “nothing” to the question asking them to report what they didn’t like about counseling (see exit interview chart 3, above). In the next chart, the assessment moves from “liking” and “disliking” to whether or not aspects of counseling are difficult in some ways.

PROGRAM EVALUATION NOTE: The comparing of the two items of “likes” and “dislikes” may serve to, in part, address social desirability responses. Social desirability is further addressed when youth were asked to identify what they found hard about counseling.



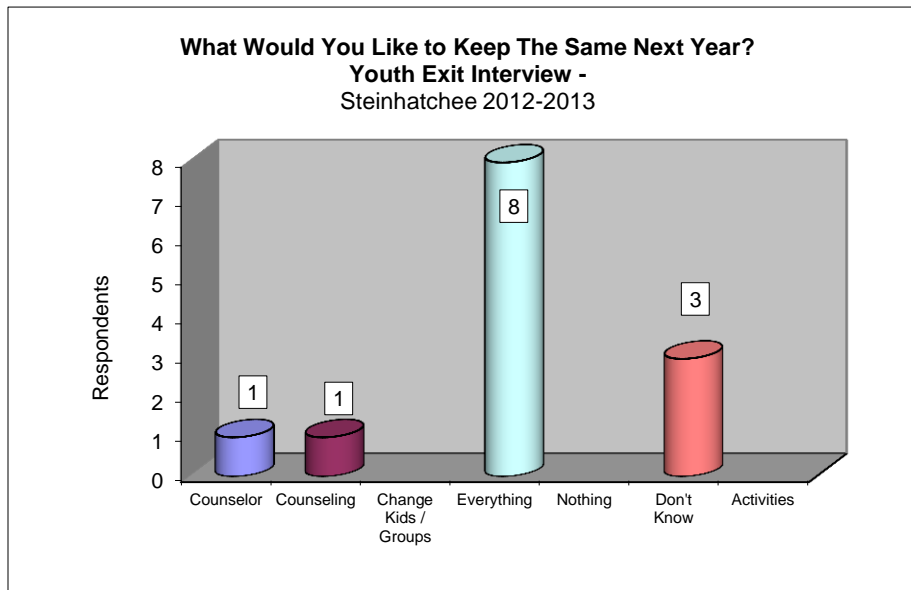
In this question most youth found “nothing” in the program difficult. A small number of youth indicated that aspects of counseling in the 2012-2013 onsite program (column 1, 2, & 3) were ones that they found “hard;” none of the 2012-2013 respondents indicated “I don’t know” when asked if counseling was difficult. Given the correlations of what students say they “liked” and “disliked”, discussed in the previous chart, it appears the youth like the program AND here in this chart, a few youth also find the program difficult at times.

PROGRAM EVALUATION NOTE: The comparing of the two items of “likes” and “dislikes” about the counseling program serves to, in part, address social desirability responses. Adding a third question, evaluating difficulty, minimally assists in reliability and validity of all three items; it might also suggest that difficulty of the program does / does not impact “liking” it. It’s possible youth find the program to be helpful, even as it is one they enjoy.



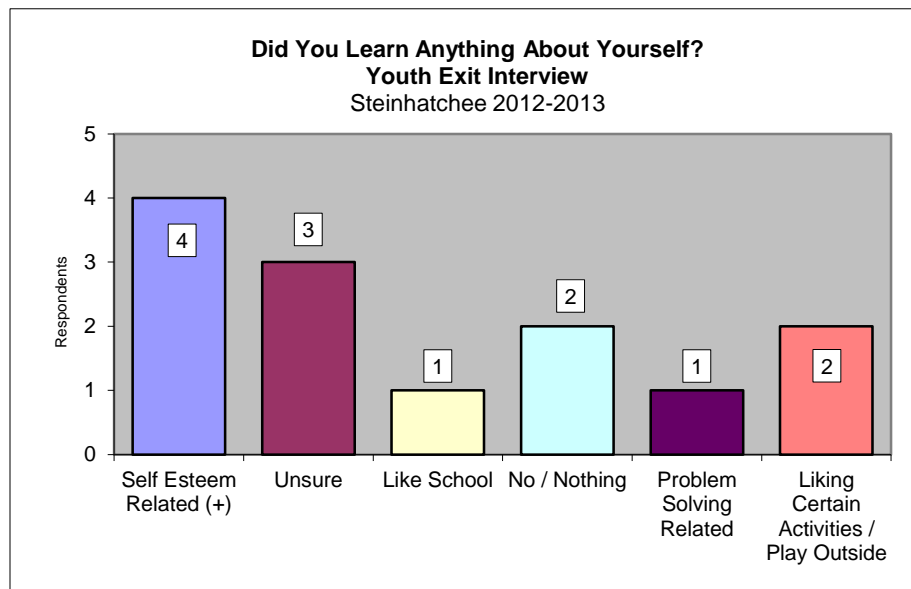
The literal question posed to the youth was “what would you like to see changed next year in counseling?” Similar to all of the exit interview questions, the youth spontaneously provided their own responses. Without prompting or having options to choose from a minority of the youth (9) stated that if they could change things next year, they would change “nothing.” When different answers (other than “nothing”) are combined the three of the youth (3) offer something that they believe could be changed next year for the better.

PROGRAM EVALUATION NOTE: The similarities between this question and the question of what the youth disliked about counseling continue to provide greater evaluation reliability (and possibly validity). Liking and disliking the program, it’s difficulty, and then what changes the youth request – correlationally would generate a further analysis.



The literal question was “what would you like to see stay the same next year?” Consistent with the findings in the previous chart a greater number of youth overall (8) would keep certain things from this year the same next year (see the 2 suggestions made).

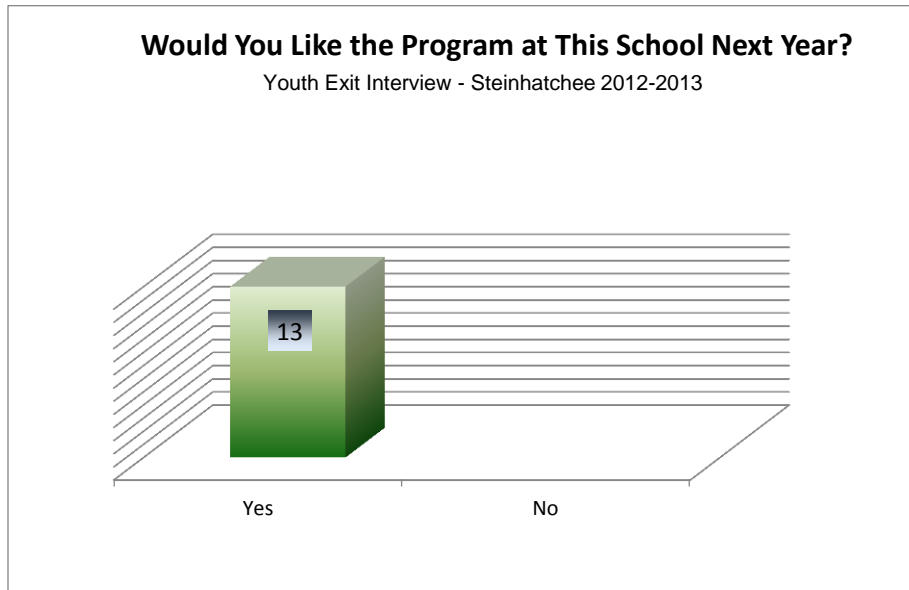
PROGRAM EVALUATION NOTE: The similarities between this question and the question of what the youth would like to keep the same, in addition to the similarities already addressed when the youth answered the question of what they disliked about counseling, what was difficult, what to change and what to keep the same – a correlational analysis could generate other findings.



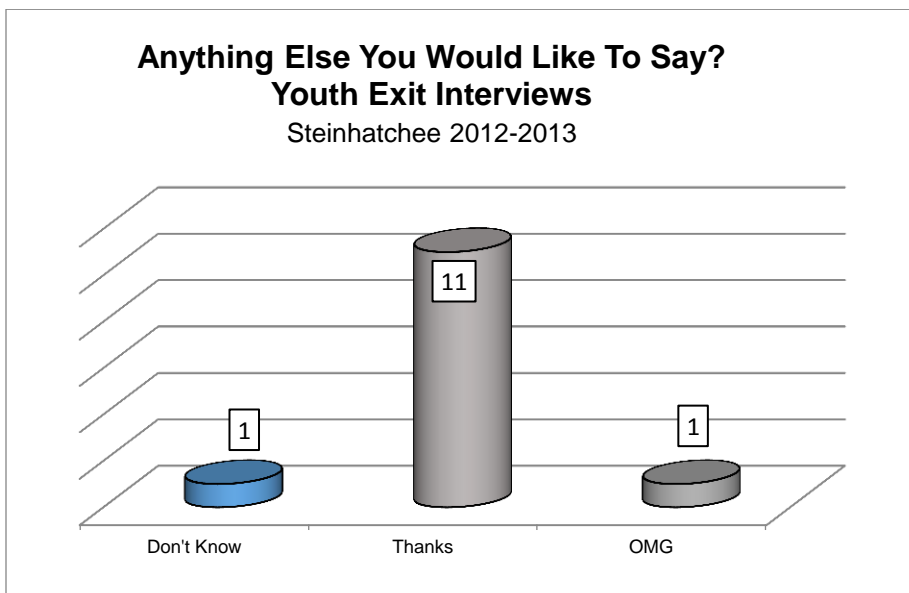
The open-ended and qualitative question that asked if students learned anything about themselves included agreement from most of the students (9) saying what they realized/learned while in counseling; a fewer number (2; light blue) indicated they did not realize/learn anything in the program and (3) were unsure.

PROGRAM EVALUATION NOTE: A correlational analysis, item to item could generate other findings, specifically what numbers of youth disliked the program to what program aspects were most disliked and what numbers of youth liked the program to what program aspects could be changed next year (with an almost unlimited number of other correlational evaluation of the questions). Doing so in the current year of this evaluation would generate some set of findings, which could possibly then be correlated to the

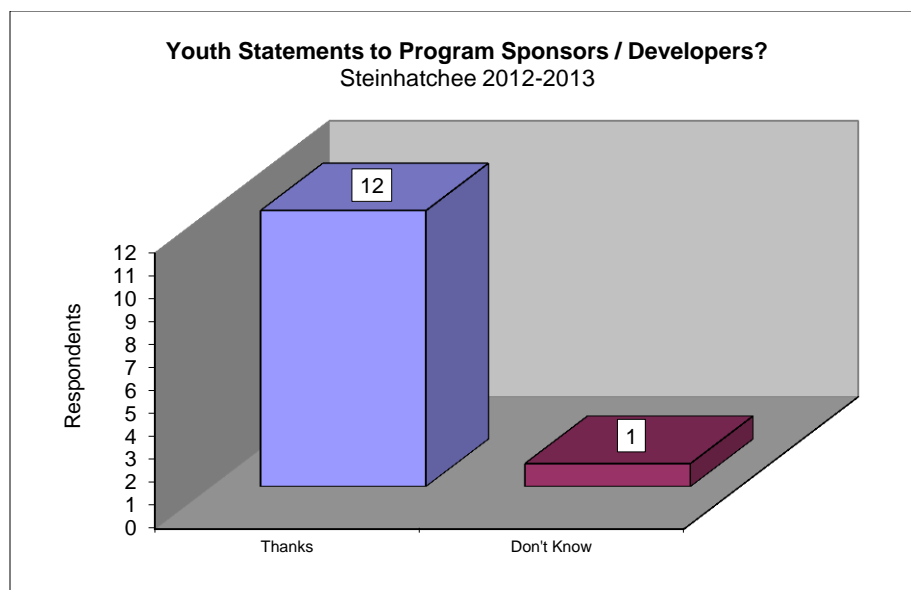
previous 6 years; interestingly the same analysis could then be completed in the onsite programs of other district(s) for an enhanced interpretation of the data.



This question was added to the exit interview program protocol in the 6th year of implementation (2010-2011). The added question encouraged youth to voice whether or not they would like to see the program return in the future; asking the anticipatory question is intended to assess reliability in youth reports not only in this single question, but in general across all response sets with the youth. Here, all of the students served/surveyed agreed that they would like to see the program return.



Also in 2010-2011 a question was added to the exit interview, allowing the youth an opportunity to say / add any other comments about the program. The free thought, open ended type of question is intended to expand the information captured by students who are / were served by the program. In the 2012-2013 exit interviews, 11 of the 13 youth expressed gratitude, whereas one indicated “OMG” – which cannot really be interpreted in the positive or the negative context.



The literal question presented to each youth was read, “if you could say anything to the people who created or developed the counseling program, what would that be?” Nearly all of the youth simply stated “thanks” or “thank you;” one youth indicated that they didn’t know what to say.

This question was the final exit interview item.

PART IV

COUNSELOR EVALUATION OF PRE & POST PSYCHO-SOCIAL LEVELS OF FUNCTIONING

The counselor evaluation of the youth’s level of psycho-social functioning (pre and post intervention) is a self-administered assessment (completed by the counselor) that identifies to what degree social, occupational and academic function existed on the first day of counseling services, compared to the degree of functioning at the last day of counseling services. This score is a “clinical picture” interpretation, based upon a number of variables that represent a client’s level of functioning; it is based upon the global assessment of functioning scale, a standard assessment tool found in the diagnosis literature.

The youth assessed were those who were in the program at the end of the contract period AND who participated in the exit interview. The counselor evaluation is based upon clinical interpretations at the program begin date and at the program end date, linked to individual case records, which includes historical clinical observations, assessments, and interventions for each case for the duration of the direct services (the contract) period. These clinical case reviews were indexed into one of six areas in the counselor assessment.

The “counselor rating index” (CRI) is comprised of a program specific 6-point Likert response set, developed in relationship to the Global Assessment of Functioning GAF Scores, commonly used by U.S. mental health professionals. GAF is outlined in the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychological Association (DSM-IV TR, 2003, p. 34). Interestingly, with the release of the DSM 5 in June 2013, the GAF scoring will no longer be used in diagnosis.

It is important to note, that the GAF Scale was not directly used in this evaluation, but rather referenced and generalized to a simpler and comparative “counselor rating index (CRI).” The CRI was designed and used in order to allow for the program protocol where a clinical diagnosis is NOT made by the onsite provider (unless it is necessary to alter the mental health intervention) due to a concern involving over

diagnosis (in absence of psychometrics and in the absence of a request for such assessments to be conducted). The author of this report acknowledges that GAF categories are broken down by 10-point segments (beginning with 100-91 vs. the noted 100-81), thus the CRI 20-point ranges (seen below in the left hand column) also means that the author merged two categories of GAF for the sake of an equitable comparison between these two instruments.

The CRI was designed and developed by this reports author, and the program developer, for the purposes of this evaluation. The CRI has been used in all prior years' evaluation reports.

The comparison of the CRI with the GAF Scale is highlighted below.

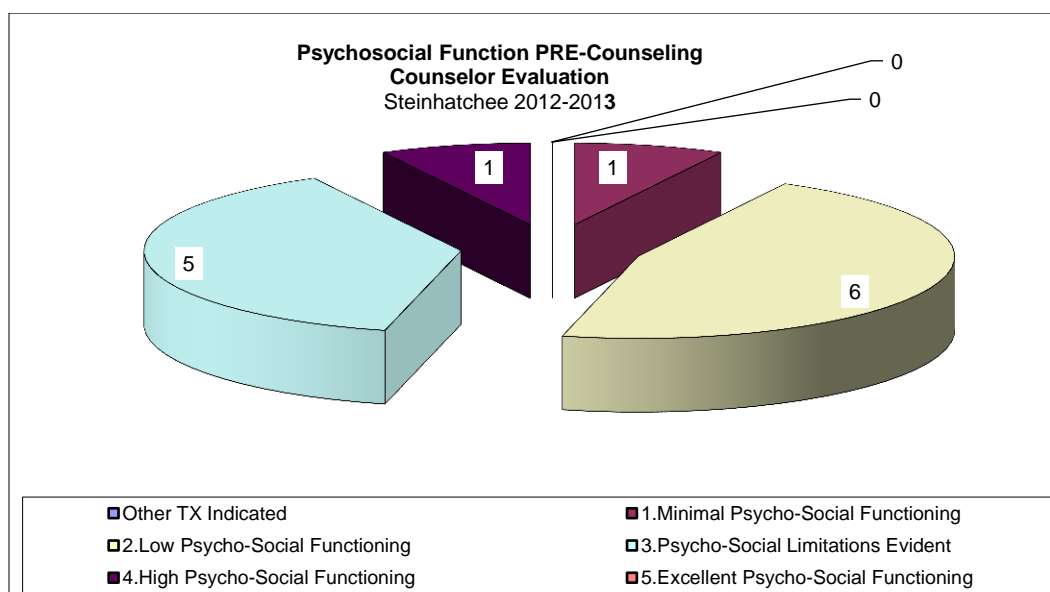
Counselor Rating Index

5 = Excellent Psycho-Social Functioning
 4 = High Psycho-Social Functioning
 3 = Psycho-Social Limitations Evident
 2 = Low Psycho-Social Functioning
 1 = Minimal Psycho-Social Functioning
 0 = Other intervention indicated

Global Assessment of Functioning Scale

100 – 81 "Superior, Absent" or "Minimal Symptoms"
 80 – 61 "expectable reactions" or "Mild Symptoms"
 60 – 51: "Moderate Symptoms [or] Moderate Difficulty"
 50 – 41: "Serious Symptoms [or] Reality Testing"
 40 – 31: "Some Impairment [or] Major Impairment"
 30 ≤ : "Delusions [or] Persistent Danger"

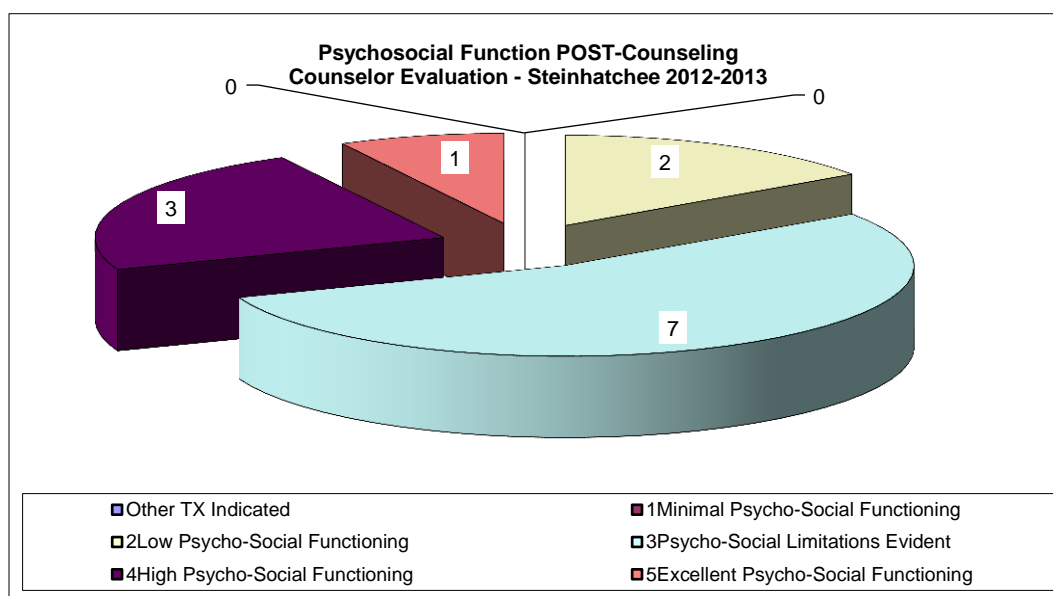
Psychosocial functioning addresses multiple areas of clinical concern in the provision of mental health services and is useful in determining a level of change after counseling services have been terminated. Scores are not necessarily indicative of mental disorders, even if the scores (GAF or CRI) are low. Biological factors, substance use, as well as situational and environmental variables are useful in assessing for mental illness, but these scores are not the only variables that are used to do so (diagnosis is less subjective with psychometrics, and unless treatment is impossible, a diagnosis may not be necessary); youth who are referred to the program are reported by the school (and with parental consent indicating some agreement for the referral), are determined generally, in need of the services. For the purposes of this evaluation mental illness was not necessarily the assessment variable measured in the CRI, but it was not excluded either – rather the degrees of functioning were measured pre intervention and post intervention to assess "change."



The pie chart above reveals the number of youth who began the counseling services program (pre-counseling) and the level of counselor assessed psychosocial functioning at that time. It is important to note that a score of 3 or below would indicate the need for professional intervention. Youth who score at a zero were likely in need of more intense services than those services provided in the school setting. Pre-counseling numbers are useful, especially when they are compared to post-counseling data, to highlight psychosocial changes before and after treatment. Of the 13 youth who were assigned a pre-counseling CRI score, 8% (1 student) was identified as having high psycho-social functioning; 92% (or the other 12 youth) were in need of clinical intervention. 6 (yellow) students were in a very low

rated category of dysfunction (that is to say the level of functioning is seen as in more intense treatment); only 1 (maroon) of the 13 youth assessed was seen as having very low functioning. A total of 16 youth were served in the 2012-2013 year; 13 were in the program at years end; 3 were terminated from the caseload (attrition). 13 youth were screened with a GAF/CRI score - at the point they entered the program AND by the end of the year 13 completed the exit interview in the last couple weeks of the academic year, and they were re-screened.

PROGRAM EVALUATION NOTE: Regardless of the equivalency limitation between CRI and GAF, when pre and post psychosocial functioning from the counselor perspective is compared and contrasted to the students' grades at time one and time two, and when the CRI functioning scores are compared and contrasted to the administrations survey responses related to youth improvement and youth regression, in addition to a review of the students' exit interview questions of likes and dislikes program evaluation and instrument reliability and validity is strengthened. Further, validity is strengthened when these findings are duplicated in another academic setting, involving different youth in a different community, with a different administration. Equivalency has not been assessed in review of the CRI and the GAF, in part because the CRI was developed for the sake of convenience and ease of use, as opposed to the use of the well-known GAF Scale.



The pie chart above indicates the changes, if any, in the counselor assessed levels of psychosocial functioning at the end of the counseling program (post-counseling). It is/has been hypothesized that most of the youth will improve by being served in the program, from the clinical mental health perspective, and the PRE/POST CRI scores attempt to address this desired outcome. In the 2012-2013 academic year the changes for pre and post counseling, in rated areas of clinical functioning is as follows:

- Pre counseling scores for high / excellent functioning showed one (1) youth (8%).
- Post counseling scores for high / excellent function move up to four (4) youth (31%)

(see the dark maroon "4High.." and the peach "5Excellent..." colors in the two charts above for comparisons)

The improvement in the two higher areas of functioning, the high to excellent levels, is 23%. That is to say, when only one youth was at this level in the beginning of the year, but at the end there were 4 at this level – 3 youth show improvement.

- In the pre scoring six (7) youth were in functioning at "low/minimal psycho social" levels (54%).
- At post scoring two (2) youth were functioning at low levels (yellow), down to 15%.
(see the yellow "2Low..." and the light maroon "1Minimal..." colors in the two charts above for comparisons)

The improvement in the low/minimal levels of functioning shows that 5 youth moved from low and minimal levels at post counseling. At pre counseling 7 youth were in low/minimal categories, and at post counseling 2 youth were there. This change, suggests that 38% of the youth improved moving from the lower levels of functioning.

Not all areas indicate improvement however:

- Pre counseling scores for psychosocial limitations are evident for five (5) of the youth (38%)
- Post counseling scores for limitations evident are for seven (7) of the 13 youth (54%)
(see the light blue “3Psycho-Social Limit...” color in the two charts above for comparisons)

Because there were 2 more youth added to the post counseling numbers of “limitations evident in functioning”, here it indicates that there is a 16% decrease in clinical progress, when comparing pre/post scores. Meaning two youth have worsened.

Overall, the improvements appear in eight (8; 62%) of the youth – changing to better areas of functioning and two (2; 15%) of the youth appear to have worsened.

A summary of these two counselor rating graphs, pre and post counseling, show that 62% of youth clinically improved, whereas 15% of youth worsened. Another way to interpret the charts is that at pre counseling the CRI scores reveal low and minimal functioning at 54% and at post counseling the CRI scores reveal that 15% were this severe.

Overall improvement percentages might also be considered when compared to the administrative reports of improvement (by percent) in “part III” of this report.

PROGRAM EVALUATION NOTE: Equivalency has not been assessed in review of the CRI and the GAF, in part because the CRI was developed for the sake of convenience and ease of use, as opposed to the use of the well-known GAF Scale. Regardless of the equivalency limitation between CRI and GAF, when pre and post psychosocial functioning from the counselor perspective is compared and contrasted to the students’ grades at time one and time two, and when the CRI functioning scores are compared and contrasted to the administrations survey responses related to youth improvement and youth regression, in addition to a review of the students’ exit interview questions of likes and dislikes program evaluation and instrument reliability and validity is strengthened. Further, validity is strengthened when these findings are duplicated in another academic setting, involving different youth in a different community, with a different administration.

PART V PROGRAM COST COMPARISON

Program efficacy, in the evaluation of various program deliverables, independent data sources, collateral stakeholder interpretations, clinical pre/post functioning scores, and as viewed through the eyes of the primary clients, while key to the assessment, do not address cost effectiveness. Affordability, as evaluated in Part V, is a consideration as well. The next two graphs indicate what mental health services cost in the community when provided with private practitioners using fees that the market allows, what the services actually cost under the counseling services program contract agreement, and what additional costs might be included if “support services” or non-covered services were provided using standard billing rates from the community private mental health practitioner sector.

Effective with the 2012-2013 academic year (and in the August 2013 report) several changes were made to the way support services and deliverables were reported. The data from all years was/has been collected the same way, however all prior years do not have the same breakdowns. The changes, as noted in the earlier pages of this report, were seen as a better representation of the data being collected, and determined as more accurate than prior years’ reports. Support services used to be lumped into one category; with the 2012-2013 report Support Services have been divided into “direct” and “indirect.” Further, “deliverables” were not reported in prior years, however, with the 2012-2013 report the number of hours the counselor spent with youth in counseling services, exclusively, was added. Finally, a comparison of support services (both direct and indirect) with deliverables was added, to indicate that for each hour of counseling, additional time, work and tasks are necessary to effect care.

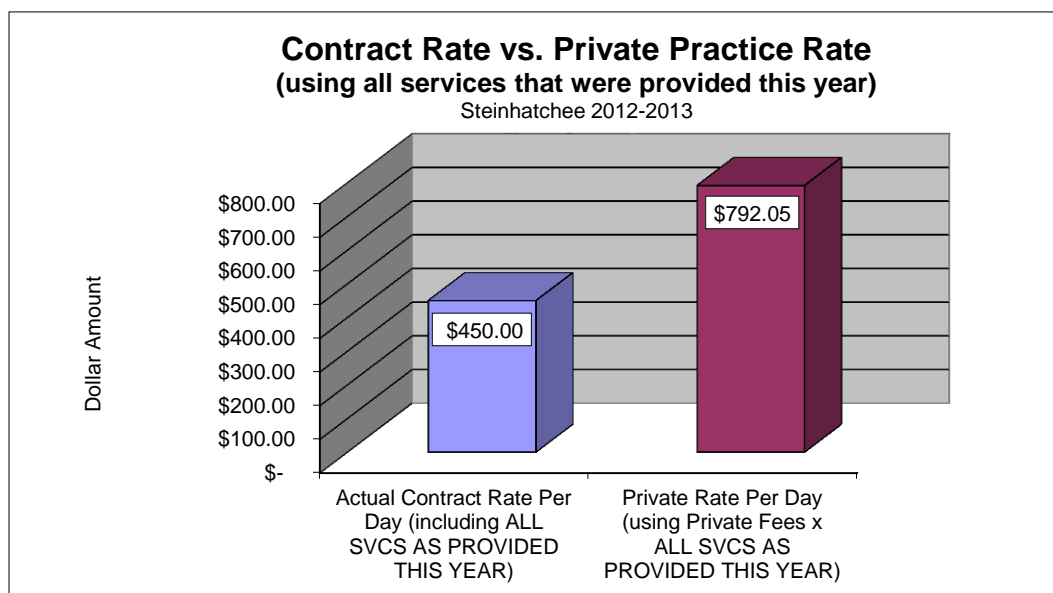
With the added charts/graphs in the August 2013 report, changes result in the cost analysis. The “support services” (defined in Part I of this report) is further analyzed here, with the above changes included, by a cost factor per hour. The cost factor for support services is calculated, based upon a daily occurrence when such services were provided in the school, in ¼ hour, ½ hours, and ¾ hour time segments (where the 30 minute and 45 minute time slots first appear in the 2013 report), multiplied by a fee per hour.

In the following program cost comparison support services and deliverables are combined to be factored into the daily contract rate between the school district and onsite counseling program; these same services when/if they had been provided in the community via private practice are also considered in a fee per service rate.

Also, if the regular onsite counseling services (the sessions with youth) had been provided at an hourly fee as charged by community based providers of the private sector, it is possible to estimate a cost factor in that regard, to compare a school based contract daily cost to a private practice rate cost. With the 2012-2013 report, the private practice rate is increased by \$15 per hour (the first time the private practice rate increase appears in all years' evaluated). When adding the daily supportive services fee (as calculated here), to the private sector hourly fee (for the sessions), a total daily cost factor can be realized, in a day to day comparison with the contract rate for onsite services.

An annual comparison (that is, taking the numbers for all daily services, contracted and private) can be generated by multiplying the daily contract rate and/or the daily private rate, by the number of days for the annual cost differences. The daily cost comparison of the contract and private rates as well as the annual cost comparison of the contract and private rates is highlighted in the next two graphs.

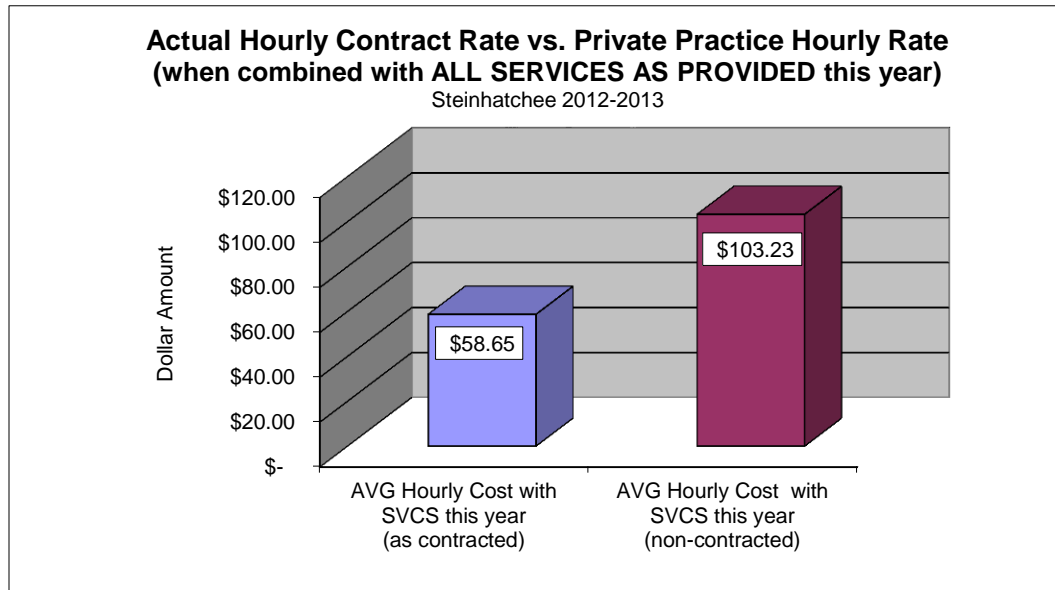
The first graph is a comparison of actual contract costs to possible private sector costs, per day. One of the dollar values (blue) is actual (the 2012-2013 contract terms actual cost for all onsite services per day), whereas the other dollar values (maroon and yellow) are figurative based upon certain community-based scenarios and supportive services private practice fees. So, while home visits, critical incident meetings, afterschool/parent meetings, IEP's, teacher consultations, trainings, parent contacts, etc. did not incur increased fees over the daily rate at the school, these services certainly would have incurred additional costs if provided by community based private practice mental health professionals (or the services likely would not have been provided at all).



The **Contract Rate vs. Private Practice Rate** chart includes two columns: 1) the actual rate charged (blue) to the district for each day of service that was provided under the terms of the contract and 2) the average daily rate (maroon) that would normally be billed for similar services if they were provided in private practice. All prior years' comparisons used to include three columns, however the third has been moved to new graphs later in this report. Here (maroon), the daily private practice rate includes all service hours provided this year in the school, multiplied by the private practice fee for those same services if they were offered in the community.

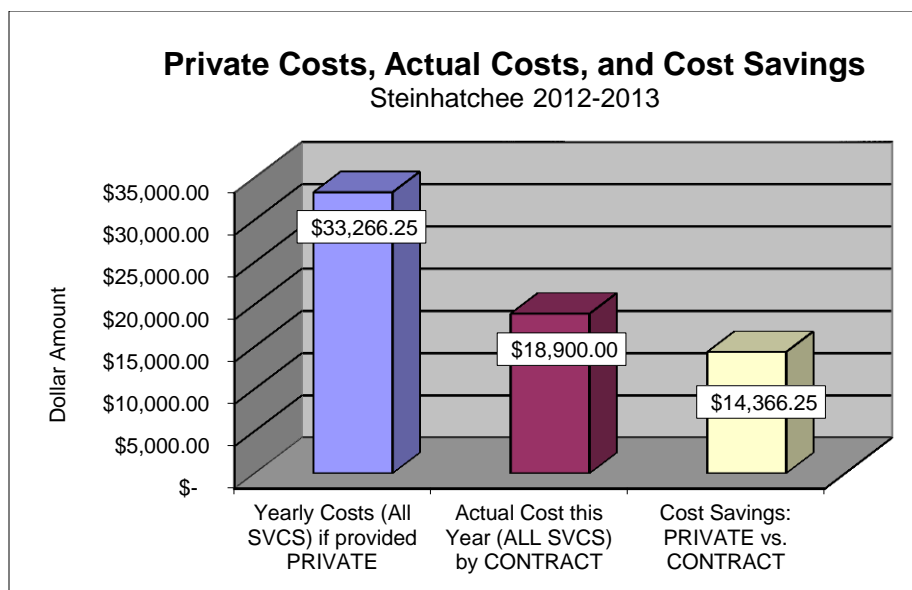
The private practice, non-contract daily rate is figured by calculating the total number of hours spent each day at/for the school during the past year - multiplied by the hourly rate for individual, group and family sessions, as a private party daily rate (for each of those services). The actual rate that is contracted is a flat daily rate, thus the same services were provided, without a variation in the fee.

In the final estimate, the daily cost for all services that were provided to the district under the contract is \$450. Whereas in the same case if such services were provided at the private practice sector hourly rates, the services would cost more, increasing to over \$790 per day (using the total service hours as provided this year to private non-contracted hourly rates).



The **Actual Hourly Contract Rate vs. Private Practice Hourly Rate (when combined with ALL SERVICES AS PROVIDED this year)** chart, was added to the evaluation in the August 2013 report. All services that were provided to the school were provided at a flat daily rate, regardless of how much time went into all direct, indirect, and client/counselor deliverable hours. Once all of the program hours provided were tallied for the 2012-2013 year (322 hours over the course of 42 days at the school) – an hourly rate can be generated based upon the daily amount paid; the hourly cost for all services provided to the district this year is \$58.65 (blue). This hourly rate is a private contract rate, with no taxes taken out, and it does not include any operational costs for the contractor to provide such services to the district. Had the same number of hours (322) been provided to the district in a private practice arrangement, where the hourly fees are \$105 per hour and in some tasks \$45 per hour, the cost would have been \$103. per hour. Here the hourly savings to the district is about \$71 per hour.

The next variable to consider in a cost analysis of the counseling services program is the annual cost differences based upon the academic year that just ended. The annual cost comparison follows.



The overall contract cost for the 2012-2013 academic year (maroon) is \$18,900 (actual); this amount is higher than prior years, because the district requested an additional half day of services near the end of this year for non-ESE youth (accounting for an extra 7 billing days in the year).

The same services that were provided to the district, if done in the private non-contracted sector (blue), using fees per hour, per year, and based upon all services that were provided to the school, would have cost \$33,266.25. The cost savings between the actual contract amount (maroon) and the comparable private party amount (blue) reflects a savings of \$14,366.25 (yellow).

PROGRAM EVALUATION NOTE: The private practice non-contract fee per hour is based on fees that would be anticipated in a request for such services outside of a structured program design and annual contract. The non-contract hourly fee is estimated by the scenario where a school, parent, or youth would contact a local licensed mental health professional (assuming one were available in an underserved/rural community) and obtain the price for services via private agreement/arrangements). The private practice sector non-contract fees for this years' evaluation are based upon an hourly increase of \$15 from all prior years: \$105 by hour for individual sessions and for all supportive services; with \$45 per hour for group sessions (unchanged from prior years). The actual contract for onsite services is simply the daily amount charged to the host organization.

PART VI PROGRAM EVALUATION SUMMARY

Basis for Counseling Services Program. The counseling services program was provided based upon the contents of an extensive written proposal that was directed to the superintendent of schools in the county where the services were provided. The content of the proposal for counseling services is a detailed and lengthy description of the service provisions that are/were provided to the district, the school, the students, the parents, the teachers and the administration. The program has been approved by the Taylor County School District every year since 2005, and it has been duplicated in another North Florida school district. [The program protocol and proposal](#) is the basis of the program protocol, structure, and key stone evaluation tools.

Proprietary Program Aspects. The program proposal document is a proprietary document in the sense that the program components are explicated and detailed by LaRose, TalkifUwant.com, and as a whole they are unique to the program that was designed, developed, and implemented by LaRose. Thus the proposal identifies the program and labels it in its entirety as the "school counseling services program" to which LaRose is the program developer, designer, implementer, administrator, and either the direct service provider or the supervisor and program evaluator. Treatment methods, assessment and diagnosis methods, and any of the theory on which such program aspects are/were based are not proprietary as these are academically and professionally known, published, researched and acquired.

Program Limitations & Strengths. While the development of this program has been duplicated in multiple school settings, in part modeled after those that have been in existence through FSU's College of Social Work (at the FSU Multi-Center) for some time, the evaluation instruments used for this analysis are those that were created and designed by the author. Where issues of reliability and validity have been considered, in spite of the absence of psychometric assessment, and where foundational aspects of psychometrics have been incorporated into the instruments used, specific program evaluation notes have been included throughout. Most of the limitations of the instrumentation used for this analysis are listed in the appropriate item by item "program evaluation note[s]." A year for year summary of program findings can be found and reviewed in various forms at: www.talkifuwant.com/school_counseling_program_intro.htm

Because of the counseling services program, as evaluated in this report, and in consideration of other program duplications with similar outcomes ([also since 2005](#)), the strengths of the program are noted respectively herein and consistently elsewhere. Even with fluctuations and program adjustments (minimal in its structure, documentation, and evaluation), particularly those that would be anticipated by adding a new onsite provider to the program (now four years ago) - overall student improvement and school personnel satisfaction and clinical impressions of youth function - for the majority of students served is and continues to be improved. And while the protocol has shifted from a traditional paper format, to now a fully digital secure HIPPA compliant encrypted server, findings remain generally constant. The [digital overlay](#) has improved data gathering, data generation, and has improved accuracy due to the "digital footprint" involved; synchronous online communication between onsite and offsite professionals (and in some cases even remote communication with the school or with students) can occur. All said, repetitive, similar, and cross-community evaluations and outcomes give credence to the inputs and outputs that facilitate the overall success rate of the counseling services program and its evaluation component - and the program protocol is strengthened by consistent annual evaluations with the addition of new onsite providers.

Survey Disclosures & Additional Limitations. The inherent bias of the author of this report should be considered in the interpretation of the findings that are noted here, and such a bias is disclosed herein. The bias of the evaluator is minimized in the years of 2009-2010, 2010-2011, 2011-2012, and now in 2012-2013 because LaRose is no longer the direct services provider. Effective in 2009 LaRose transferred the direct services work to a new counselor, acting now as the program evaluator (and creating a tier two program partner), with the onsite provider now being a tier one program partner. In other words, the program evaluation and the program delivery, prior to 2009 was done by the same professional (confirmation bias would thus be anticipated as greater); since then, the evaluation arm and the service delivery arm are no longer the same professional. Such limitations have been addressed in this and all other prior evaluations in disclosures, limitations, implications, duplication of questions and in the use of independent/multiple non-program informants/documentation, plus reverse scoring techniques in the likert-type questions, and in program evaluation notes through out each year's evaluation documents.

True statistical analysis has not been performed, even as foundational structuring for such an assessment is evident in the program evaluation notes that sporadically appear throughout the report. Areas of limitation include: 1) grading comparison information (counseling related changes, teacher related changes, and student related changes cannot be assumed as having one correlation or cause); 2) census information and demographics that are generally and often accepted as independent data from the onsite counseling program, are presumed to be without subjectivity of evaluator(s) even as the inputs of that data can still be impacted by typographical errors; 3) the administrative surveys and school personnel surveys were distributed by the principal of the school at the request of the author of this report, and the principal used distribution and collection methods that were entirely autonomous, without input of the author; and where the author did participate, it was by sending an electronic version of an evaluation via email link - that may/may not have been forwarded to all parties who could have also participated; 4) self selection for evaluation participation can be an inherent evaluation error due to the benefits of the program to those who are reporting; 5) social desirability effect can be evident in the exit interview questions between the youth and their counselor; that effect can be duplicated in the reverse context as well; 6) the author did not investigate how distribution and collection methods can be factored

into the return rate for surveys; 7) the youth who participated and answered exit interview questions did so voluntarily, and the onsite counselor performed exit interviews using a highly structured method in the program documentation and protocol – where the wording of the questions may have inadvertently “directed” the youth to a more desirable answer has not been analyzed (the assumption is that the onsite provider read the directions of the surveys and did exactly as instructed); 8) the grouping of qualitative responses in the exit interviews was necessary in order to tally youth reports, however the process of grouping is admittedly a subjective one, thus the intention of the youth statements may be misread, given the onsite counselor must record youth replies verbatim without clarification; 9) even when interpretations/generalizations of the program evaluator are believed to be representative of the youth responses gathered by the onsite counselor via a highly structured protocol – reliability in the exit interview may not indicate validity for program efficacy (the youth liking the program may/may not mean the program was effective; program evaluators have attempted to adjust for the error by adding multiple other evaluative components); 10) the CRI comparison to the GAF is not indicative of statistical equivalency between instruments (as noted); 11) the pre and post self-administered CRI index is based upon the subjective opinion of the onsite counselor, with the CRI largely an un-tested instrument, developed by the program designer and evaluator; 12) the subjective nature of a self-administered psychosocial functioning instrument, in addition to this one (CRI) as designed by the program administrator and evaluator, is an inherent limitation – however – the use of case notes could serve to mitigate bias because case notes were recorded at the close of each session, week after week, and not at the time of the evaluation (the case notes were not qualitatively analyzed); 13) case notes are signed onsite and then reviewed and signed again by the program developer and evaluator – whereby two licensed mental health professionals are reviewing clinical records; it is believed to two tier inputs improve overall program implementation and alterations in a case by case review.

Implications with Limitations. Given the prior limitations, program implications and the evaluation implications cannot be deemed unreliable or invalid as a whole, necessarily. The collective conglomerate of data is believed to be more telling than the limitations of bias and subjectivity; many onsite counseling programs are not implemented via protocol; other programs do not include a programmatic evaluation of any kind; some programs consider success only on a case by case basis; and others require all therapists to operate from a single clinical paradigm – which this program enables various clinical paradigms provided the minimal protocol standards remain constant. A general program implication here is summarized as having helpful information, programmatic flaws known, described, and identified (omitting the limitations of a program assessment, is arguably, another form of bias, thus the extensive limitations disclosure is not intended to minimize program effectiveness, it is intended to offer program assessment and intervention awareness). If and when factored collectively, the 1) self-administered pre-post youth psychosocial functioning evaluations by the counselor, 2) the personnel benefits as assessed by the teacher/school evaluations, 3) the independent data (such as report cards for example), 4) the number of sessions provided and why sessions were missed/cancelled, 5) the youth exit interview summary, 6) the cost differences with supportive services included, even with biases (limitations) previously noted, was/is/are needed to correlate other evaluation aspects into this report. Further, as a whole, various data from multiple informants, enable the program evaluation to suggest overall program success or failure, not by cause absolutely or even minimally, but by correlation with certainty. Clinical significance, practice wisdom, and psycho-social-occupational functioning that is not limited to the observable and measurable constructs that can be operationalized in the purest forms of statistical evaluation, cannot be omitted from the findings as inherently variable; evaluation error cannot be omitted either. The program has been successfully in existence since 2005, and in multiplicity, it has been evaluated, as of the 2012-2013 year (with the other districts included) nine different times. The program has been used internationally (discussed elsewhere in this report).

Nearly every program evaluation has been completed in the absence of any funding to support the evaluation component. Unfortunately, funding for evaluation is seldom a marketable component of program service delivery. Funding does not necessarily make program evaluation better or more plausible (it could be argued that a funded study is also biased in that regard as well).

The next best implication for program efficacy is and would be meta-analysis.

Reliability & Validity with Program Limitations Discussion. Equally important to mention in addition to bias disclosure, is that this assessment was developed using the highest standards of program evaluation and outcome measures that could be reasonably developed to compile the data that has been explicated in this report; this evaluation is not a funded component of the program. Issues related to psychometrics have been addressed in the limitations of this report, and in various program evaluation notes, but also in the outcome graphs and charts of this report. The highlights of the potential strengths in psychometric considerations are labeled: the potential for inter-item reliability, test/re-test reliability (between two different programs in multiple evaluation years, with different onsite providers), and construct validity is further strengthened by reliability indicators. The goal in bias and validity limitation disclosures is not to negate the findings of the evaluation or the efficacy of the counseling service program, but rather to address the potential limitations in reliability and validity to diffuse reservations about ongoing duplication of the counseling services program in other school settings.

In the 2012-2013 evaluation year, support staff at the office of LaRose highlighted the need for better representative data compilation and formula – thus several graphs were modified, changed, and added. There was/is no change to what data is/has been collected since the 2005 program (and reports), however there is a change (with the August 2013 report) in two sections (see cost comparisons and support services, for example) where the improved formulas and graphs are incorporated.

Similar and overall positive results have been realized in other school program evaluations that have been published on the author's [website](#) (to find research and analysis information, click "schools" and/or go to the "[Site Map & Index](#)" page for specific links). These same findings are generally evident across schools, between different providers, etc. etc. using a standard program implementation protocol. Hopefully, the limitations are addressed when the various forms of data gathering and reporting are compared and contrasted so that collectively the symbiotic outcomes reveal the true successes and failures of the counseling services program at this school and other schools like it.

Partnerships, Collaborations, and Affiliations. The efficacy of the program was assessed for multiple reasons: 1) it is an academic and professional standard in the field of clinical social work to evaluate whether or not a program is helping the people who depend on the profession for human services interventions, 2) it is necessary in order to improve, adjust and terminate various program components, 3) if program efficacy is measured and outcomes warrant ongoing support, the counseling services program can continue to obtain funding, and 4) similar services can be similarly duplicated to a more global and generalizable degree, as evidenced based practice becomes clearer in the counseling services program evolution process and as the longevity of this school counseling program protocol continues to produce positive results.

This evaluation and analysis will also be used to further the counseling services program in multiple school settings, for as long as the services can be provided in the interests of the school districts who will sponsor the services, in the interest of the school settings who serve the youth enrolled in counseling services, and in the interests of the students themselves who have the most to gain/lose – if/when they succeed. All of the original documentation for this analysis and interpretations report is on file at the office(s) of LaRose and queries related to such records can be directed to the author (an example of how the [raw data is compiled without interpretation is publicly available](#); specific years otherwise are maintained by the practice of LaRose).

Internationally, the school counseling program has been used to assist with program development in other countries. In August of 2009 a professional working in South Andros, Bahamas contracted consultation services to promote a change in services delivery there. By August of 2012 the Innovative Solutions Agency was funded with a small one-year government based grant; at the compilation of this report it is uncertain if the program has been duplicated a second time in the Bahamas. Currently, the program has been approved for implementation in two countries in Africa, with a third expressing invitational interest (to tour the school systems and begin the process of formal affiliations). The approval is under Memorandum's of Understanding with private government contracted agencies and one University there; Kenya, Rwanda, and Uganda have developing counseling models that are undergoing transition, and this model is of interest and currently being considered for codification and implementation

as funding and environmental changes become plausible. Implementation is/has been limited by various factors in Africa, one of them being resources.

Program Modifications & Implementation. The first year that a second mental health professional was added to the program via sub-contract was in 2009, after four prior years operating as a one tier program (one counselor, one program evaluator, etc). The 2009-2010 academic year was generally a success with an alternative provider – although some of the data necessary for the evaluation that year was missing. The counseling program was evaluated subsequently in the 2010-2011 academic year (in two school districts) with success in duplication (as published elsewhere), where the second provider was the direct service counselor.

In general, the findings suggest that the onsite provider does not alter program efficacy. Provider one (2005-2009) annual program evaluation findings are constant, and since provider two was added (2009-2013) program evaluation findings are also constant. An alternative licensed mental health provider has been shown to have no negative effect on program evaluation, efficacy and findings, which is to say that the program protocol is a factor for program stability. The added provider is the most significant programmatic change in the program's 8 year history. The onsite program has been approved for its 9th year (2013-2014) for TCSD. The 2012-2013 program implementation included a second major programmatic shift, and that is the digital overlay component.

Implementation of the program as evaluated here, occurred via the standard protocol, with weekly online synchronous meetings between the onsite provider and the program developer. The change in 2009 that effectively created a two-tier delivery mechanism with the added provider, and the digital overlay change in 2012 improved shared case note reviews, professional consultations. Site visits occur with the program evaluator at least twice per year; this year the second site visit was declined.

In the 2012-2013 academic year, a digital overlay component was fully operational – and it had no negative impact on the data used to compile this report. If anything, the digital overlay improved protocol accuracy with the onsite provider, enhanced the weekly synchronous file reviews and dialogue (between the onsite provider and the program evaluator), and created a platform where all records are digitally generated and scans are stored, encrypted, and secure.

2012-2013 Program Modifications. Modifications to the 2012-2013 program altered how and where the program protocol was/is used, specifically in the “instruments” used to affect care. The approaches used to evaluate efficacy was transitioned to the digital data management platform, and even in rural school settings, the move is a non-traditional overlay (still true even in the electronic records transitions that are mandatory in coming years). That is to say the program protocol itself did not change, necessarily, in that indicators are indicators; how those indicators were recorded, where, and then compiled did change.

With the advancements in digital technology, and as web access continues to appear (even in rural underserved communities and with the added potential of “hot spot” technology) face to face counseling sessions will include video and chat sessions, thus enabling a more dynamic session (youth at home and youth at school can “attend” a group for example). The seemingly initial digital limitations in modifying instrumentation, as the program transfers its social technology into a digital management platform, has proven to become program enhancements.

Along with the shift to electronic health records and secure encrypted communications, also are the benefits of synchronous, remote, and other digital services that will improve licensed professional access (city to city as the onsite professional communicates with program administrators in other cities) via a 24 hour online platform. Likewise, remote access will enable increase parent/counselor and counselor/youth communications as follows:

With communications technology evolution, the 2012-2013 onsite model was implemented via a digital platform. Given the [electronic digital program overlay that was live with the 2012-13 roll out](#) internet access becomes key to future program implementation; however, given the existing (and past

implementation) in rural communities via traditional paper documents – a traditional platform is reliably in place, as needed (all forms can be printed remotely and carried in the paper format, if / as needed).

The digital overlay was probably the second most dramatic program enhancement (the first one, being the alteration of the onsite provider in 2009-10). The 2012-13 digital overlay change did not interfere with program efficacy and outcomes as this report reveals. The transition from paper to digital create(d) and continues to create a date and time stamp imprint (the digital footprint) in the secure platform improving how data is recorded and when it is analyzed not only for its content, but also for its context in time.

The digital platform is consistent with digital technology advancement, and it is in line with youth's global world view via a web based awareness. The digital overlay offers "client side" services (online journaling, session note review capability, access to session assignments, etc. etc.) with "provider side services" that are all protocol and intervention based. It is not a social networking system, in that client to client contact in the digital system cannot occur. Client to therapist and therapist to client communication can occur asynchronous and synchronously. The same is true of the onsite provider and the program evaluator/supervisor, working in different communities – hours apart. Appointment reminders occur to parents who provide cell phone numbers (for text messages) and voicemail reminders (for land lines) 24 hours before the onsite therapist arrives to the school campus. The text message and voicemail reminders have improved youth attendance and counselor/parent telephone contacts.

Confidentiality is maintained in the digital platform, because the digital overlay is NOT a social networking system, by design and by confidentiality legal mandates, it could not operate in the "network" regard. The mental health digital overlay, in essence, becomes the digital office of the provider – where 24-hour client side services are accessible. As such, the digital overlay enables remote video conferencing for students, teachers, parents, program trainers, and onsite providers; it includes a secure encrypted communications platform (better separating the FERPA and HIPPA variables for records where onsite mental health services are occurring in a host organization that is academic). Files can/are shared between the onsite counselor, the program evaluator/supervisors, and the clients themselves, in scenarios where the onsite provider sets up client side service access.

The digital overlay platform provides host organization personnel a secure communications mechanism too; this new system streamlines and standardizes protocol documentation, adding records storage, increasing confidentiality, reducing paperwork logistic conflicts for onsite providers and the host organization, and it is consistent with Federal HIPPA guidelines and electronic health records mandates (EHR requirements are being "phased in" and while the standard may not affect the counseling services program for some time, the digital overlay addresses a future variable, now).

Clinical Acknowledgements. It is important to note and credit other people who have directly and/or indirectly contributed to the successful design, development, and implementation of the counseling services program. Much of the technique and methodology used in the counseling sessions was co-developed with the advice and guidance of a child services expert, Terry Abell, Licensed Mental Health Counselor, who works with the FSU Multidisciplinary Center and who trained the author of this report in direct clinical counseling practices designed for youth in the school setting. Likewise, a special debt of gratitude is extended to Alison Otter, a professional Art Therapist who has been instrumental in teaching LaRose methods to reach children, with techniques that are not entirely linked to a preferred (and bias toward) the cognitive/behavioral perspective. LaRose is greatly indebted to these two professionals, and continues to benefit from a collaboration that is ever expanding in relationship to Ms. Abell and Ms. Otter. Andrew Miller, Licensed Clinical Social Worker, provided clinical support and consultation for the counseling component of the program in its first two years of operation. The onsite provider added in 2009, [Paul Peavy, LMHC](#), has been an unbelievable and remarkable child welfare professional, advocate, and therapist – whose direct services work onsite, and partnership in case note reviews, program data gathering, phone calls, emails, consultation meetings, etc. etc. cannot be overstated. Mr. Peavy's regard for the overall intent and integrity of the program protocol has made the implementation and stability of the program operate and adjust very smoothly. What Peavy brings to the program in his clinical approach also cannot be overstated given the number of years Peavy has worked with children, families, and special needs population, throughout the Panhandle of Florida. Lastly, Sarah LaRose,

joined the practice of LaRose in April of 2012; her work in attending digital meetings with school, arranging meetings, and reviewing data, entering data, and pointing out representative changes in the data has been extremely helpful. Sarah is a senior at Florida State University, studying Social Work and Psychology. Her goals include the clinical psychologist venue.

Program Credit & Funding Source. The school superintendent, and the county school board that provided the resources to fund the counseling services program are also to be commended. Its insight, wisdom, and goal driven motivations to ensure that the district provides to its students the services that will assist their youth in succeeding in the academic setting is innovative, far reaching, and curative. At a time when mental health funding is limited, constrained, and seasonably unpredictable, a venture that seeks to foster mental health program implementation where students directly and almost immediately benefit cannot be under estimated – and neither can it be sufficiently praised. Federal funding sequestering and the ongoing adversarial nature of politics will likely require creative funding alternatives in coming years; already non-funded youth are being served by the program as creative funding streams continue to be developed.

Having articulated the adversarial nature of the political scene, does not suggest a lack of gratitude for the Federal IDEA funds that have been assistive in the implementation of this particular model. Funding makes the work that the program does – possible – and gratitude for that support is expressly stated (while federal dollars do not go directly to the program, those funds are directed to the school district, a nationalized view of thanks would be erroneous). It is believed that the evaluation of the program will assist federal auditors in their review of district funding decisions related to onsite counseling services, thus this document is a tool for contracted districts with the onsite school counseling services program in their auditing review processes, assuming the document is somehow credible in that regard. It is believed also, that by seeing the evaluations here and otherwise, program funding persons with oversight at the district level and at some extraneous federal level, will continue to support the model as effective.

The kind of innovation and efforts to reach the youth also would not have been feasible without the direct assistance and facilitation of the ESE Program Director and the accompanying support staff in the school district ESE department. Even as the administration has changed hands over the course of the 9 year relationship, the district continues to value the counseling services program on behalf of youth who might otherwise go without services altogether. A special expression of gratitude to the district is extended, both to the past and present ESE teams that represent the district level personnel, viewing counseling services such as onsite counseling, important in improved educational outcomes.

The 2013-2014 year already includes services slated for as many as five schools. Next years evaluation will be altered somewhat to accommodate for a larger population, with additional days of service.

Logistical Support. At the local school setting level, without the input, assistance, and support of the many people who enable the day-to-day operations of the school itself, the counseling services program would not exist. The support staff, teachers, guidance counselor(s), principal, assistant principal(s), coaching staff, and others, all contributed time and energy in various ways and degrees so that youth could/can be assisted to better succeed. At times school professionals are perceived as oppositional to both children and parents, oddly to the very youth they are hopeful to serve; such a perception, in the authors experience, is erroneous; “every now and then you’ve got to stop the game and take a little time to talk.”

The communication that occurs when people begin to address problems and solutions with children they serve in common, in partnership with various trained professionals and disciplines, is the foundational function of curative mental health services and holds true when professionals and non-professionals team up to meet the needs of youth. Teachers, principals, guidance counselors, support staff and others who work in the backgrounds of operations - are seldom paid enough to do the work they do; the work they do is not merely motivated by the pay check, but rather by the passion for seeing youth succeed. “Thank you” is likely an overused term, that understates the appreciation for what front line school personnel do every day in the classroom, in the office, and out on the playgrounds, gymnasiums, and football fields.

Parents and guardians who agree to talk with the onsite counselor, who enable home visits, and who agree to support their children in obtaining counseling services at the school also make the operation of the program fundamentally, practically, and literally in all other ways – possible. And while the onsite counseling services program strives to [assist parents in the decision to send their children](#) to an onsite licensed mental health professional, it is an indication of the drive to help their own children succeed. Such personal decisions, and all of the unknowns in making them, is nothing less than admirable, brave, and it certainly reflects a sense of family centered strength.

Report Preparation and Electronic Applications. All graphs were developed using standard MS Office® software, such as Excel®, Word®, Access®, Publisher®. Other programs were utilized as well, such as Adobe Acrobat® Standard and web-based “cloud” applications, such as MS Skydrive® technology and the recent digital overlay platform were utilized. The “secure client area” and the provider side secure digital platform are a part of what makes this report, and the program itself possible. The digital overlay aspect as being implemented in the 2012-13 year is possible thanks to a group of professionals who work “magic” to keep security, confidentiality, and remote communications operational. The publication of this document on the web was made possible, in part, due to the web publishing features found in MS Publisher® and in Adobe Acrobat®, IPSwitch FTP applications, and thanks to the support of the ISP host providers at Network Tallahassee; NTI has long assisted this office in maintaining and advancing an ever present technological platform with personal telephone to telephone support, 24 hours a day, pre-dating even the school counseling programs first year of implementation.

About the Author. [Kurt LaRose, MSW, LCSW](#) a Licensed Clinical Social Worker – (FLA License #9297) provided the direct services for the counseling services program in the initial 4-5 years of the program, to this and other schools and counties. LaRose has been an Assistant Field Coordinator with Thomas University working with student interns and agencies in the social work and child welfare field setting; he is a published author on mental health issues and works in private practice in Tallahassee, offering eclectic services from clinical hypnosis to behavioral modification techniques. A professional and personal bio can be found on the LaRose website, along with other private practice information (identified later in this report).

The continuity of the counseling services program is determined via private contract negotiation that occurs each year between LaRose and various county school districts and between LaRose and subcontracted mental health professionals. Service availability is limited depending upon the number of schools being simultaneously served, and availability of the counseling service program is dependent upon availability of other counselors who will collaborate to meet demand. The counseling services program is also limited due to funding. The program is available in consultative services implementation program design by contract, and it has been useful in assisting other implementation experts of other professions at least twice, outside of the US.

Author Contact. Questions related to the raw and transposed data on which this analysis is based, the specific examples and/or copies of the survey instruments, and the school counseling program design, development and implementation, with data tracking, and intervention methodologies and supporting intervention research, as well as questions about this assessment can be directed to Kurt LaRose, MSW LCSW CHT, PO Box 180671, Tallahassee, FL 32318, or by email at: kurt@talkifuwant.com. Information regarding the counseling services program in the school setting, as well as assessment, diagnosis and treatment of youth, in addition to other program implementation, research and evaluation regarding various other areas of mental health and mental illness, with private practice methods and techniques used by LaRose can be found at www.talkifuwant.com. Visitors to the website are advised to use the link titled “schools” for ease of use and accessibility for information that is relevant to specific onsite implementation interests. Professional development seminars, onsite training, and other services are available.

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